

**CITY OF ST. AUGUSTINE  
VENDOR APPLICATION**

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**NAME OF COMPANY:** \_\_\_\_\_

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**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PHYSICAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TYPE OF SUPPLIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MBE (Yes/No):** \_\_\_\_\_      **WBE (Yes/No):** \_\_\_\_\_      **DBE (Yes/No):** \_\_\_\_\_

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**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE:**            (     ) \_\_\_\_\_

**FAX:**                    (     ) \_\_\_\_\_

**CELL PHONE:**        (     ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**PLEASE RETURN TO:**

**CITY OF ST. AUGUSTINE  
PURCHASING DIVISION  
P.O. BOX 210  
ST. AUGUSTINE, FL 32085-0210**

**OR**

**FAX: (904) 825-1051  
E-MAIL: [purchasing@citystaug.com](mailto:purchasing@citystaug.com)**