

Date _____

[Print Form](#)

I. Business Information

Business Name/DBA _____ Business Phone _____

Individual Name _____ Business Fax _____

Address _____ Cell Number _____

City _____ State ____ Zip Code _____ Email Address _____

Contact Name _____ Website (If Applicable) _____

II. Tax Filing Status

Check the box that applies to your business and complete the appropriate fields below.

Individual / Sole Proprietor Non-Profit Organization Partnership Corporation

Social Security # _____ Federal Tax ID # _____ DUNS # _____

III. Business Type

Check if any box applies to your business and enter the certification number.

Local Business DBE MBE WBE Certification # _____

IV. Payments

Provide mailing address for payments if different than the above address.

Remittance Name _____

Address _____

City _____ State ____ Zip Code _____

V. Business License Information

Provide information for all that apply.

Florida State Certified License # _____ Florida State Registration License # _____

Florida Local Business Tax Receipt # _____ Lee County Competency (Contractor) License # _____

I hereby certify that the information supplied herein is correct:

Name _____ Title _____

Signature _____ Date _____

Lee County Board of County Commissioners - Procurement Management

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