CITY OF SATELLITE BEACH, FLORIDA

565 Cassia Boulevard
Satellite Beach, FL 32937
(321) 773-4407
FAX: (321) 779-1388

INCORPORATED 1957

Vendor Registration Form

INSTRUCTIONS

Dear New Vendor,

The City is requiring that all vendors complete the attached Vendor Registration Packet, as well as a current IRS form W-9. In order to ensure timely processing, please be sure to provide all requested information and include the name of the City Department or employee that is requesting your services on the Vendor Registration form.

All vendors that provide services at any of the City's properties are required to submit certificates of insurance. All insurance certificates should be effective during the period the vendor is/will be providing services to the City. If the certificate expires and is renewed during the service period, please provide a new certificate upon receipt from your insurance agent. Unless proof of coverage is provided, the City will be forced to deduct the equivalent amount of coverage from your invoices. Please see the **Indemnification and Insurance Requirements** page for insurance explanations.

The Support Services Department verifies Federal Identification Numbers before payments are released to vendors; we will not issue payment to vendors who have provided incomplete information.

As part of our compliance process, we are required to ensure that all vendors meet the necessary eligibility requirements to do business with the City of Satellite Beach. To this end, we kindly require that you complete the **Certification Regarding Debarment, Suspension, Ineligibility And Voluntary Exclusion** form, confirming that your company, as well as its principals, is not currently debarred, suspended, or otherwise ineligible to participate in federally funded contracts or other applicable programs.

We are aware this will take some time on your part and we greatly appreciate your help. If you have any questions about this form, please contact the Support Services Department at the numbers above or by e-mail at ap@satellitebeach.gov.

Thank you in advance for your cooperation.

Support Services
City of Satellite Beach

This is a multiple page form. All pages must be filled out.

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Vendor Registration Form

Requested by: _____
Department, or person

BUSINESS NAME			**PHONE**	
ADDRESS			**FAX**	
CITY		**STATE**	**ZIP**	
Business Tax/ License(s):		**Number:**	**Expiration Date:**	
City:				
County:				
State				
Year Business Established:				
Taxpayer Identification Number (TIN) (Mandatory)				
Email Address:				
Web Page Address				
Type of Business & Organization (Mark those that apply):				
( ) Individual	( ) Retailer	**If you have a SNAPS contract or similar State agreement see page 3.**		
( ) Partnership	( ) Distribution			
( ) Corporation	( ) Manuf. Age	**A response to the ownership question below is mandatory**		
( ) Service	( ) Manufactu			
			(If different from above)	
			PHONE	**FAX**
President/Owner/Partner				
Contact for Bids & Contracts				

Certification:

Signature		**Title**		**Date**

VENDOR NUMBER _____

LIST PRODUCTS/SERVICES/PRINCIPAL BUSINESS ACTIVITY:

State of Florida Contract Number(s): _____

_____

Description of Products:
(if different than page 1 information)

If a City of Satellite Beach employee is a partner, shareholder, or otherwise participates in the ownership and/or profits of the business you must disclose the employee's name and the nature of his/her participation.
If this statement does not apply, indicate "N/A". _____

Additional Information: _____

_____

Business/Organization Insurance: _____

Name of Agency: _____ Phone # _____

General Liability: Minimum: _____ Maximum _____

Auto Coverage: Comprehensive _____ Collision _____

Workers Compensation: Yes ☐ No ☐

(If no*, please give reason) _____

*Note: If NO WC insurance, the cost of W/C will be deducted Prior to your 1st check.

Please forward Certificate of Coverage for All Insurance to the Support Services Department, Attn: Support Services Department at ap@satellitebeach.gov.

FOR CITY USE ONLY

	YES	NO
CATALOG ON FILE		
W-9 RECEIVED		
INSURANCE VERIFIED		
WC CERTIFICATE RECEIVED		

ENTERED BY _____

DATE _____

City of Satellite Beach
Indemnification and Insurance Requirements

All bidders/vendors doing business with the City of Satellite Beach shall furnish a Certificate of Insurance that complies with the insurance requirements listed below. Upon bid/contract with the City of Satellite Beach, **bidders/vendors will be required to name the City of Satellite Beach, Florida (565 Cassia Blvd., Satellite Beach, FL 32937), as an additional insured on their General Liability insurance policy**. The certificate of insurance shall list the deductible as well as the type of policy purchased (i.e., claims made or per occurrence) for each of the policies listed below. The following liability coverage limits must not be less than the limits specified. Such certificates must contain a provision for notification to the Council thirty (30) days in advance of any material change in coverage or cancellation.

1. General Liability Insurance
   a. Negligence Including Bodily Injury: Per Claim $1,000,000
   b. Negligence Including Bodily Injury: Per Occurrence $2,000,000
   c. Property Damage: Each Accident $1,000,000
2. Product Liability or Completed Operations Insurance:
   a. Negligence Including Bodily Injury: Per Claim $ 500,000
   b. Negligence Including Bodily Injury: Per Occurrence $1,000,000
3. Automobile Liability
   a. Negligence Including Bodily Injury: Per Claim $ 500,000
   b. Negligence Including Bodily Injury: Per Occurrence $1,000,000
   c. Property Damage: Each Occurrence $ 500,000
4. Workers' Compensation/Employee Liability:
   a. W.C. Limit Required Statutory Limits
   b. E.L. Each Accident $1,000,000
   c. E.L. Disease – Each Employee $ 500,000
   d. E.L. Disease – Policy Limit $1,000,000

Workers' Compensation Exemption forms will not be accepted for the project Architect, Engineer, General Contractor, or Sole Practitioner that intends to sub-contract the work to other individual companies. These entities or individuals are required to purchase a Workers' Compensation insurance policy.

5. Professional Liability Insurance (E & O, D & O, etc…):
   a. For services, goods or projects that will exceed $1,000,000 in values over a year.
      i. Each Claim: $1,000,000
      ii. Per Occurrence: $2,000,000
   b. For services, goods or projects that will not exceed $1,000,000 in values over a year.
      i. Each Claim: $ 250,000
      ii. Per Occurrence: $ 500,000

You can send your certificate of insurance to the City of Satellite Beach several ways: Attn: Support Services, (Email) ap@satellitebeach.gov, or (Mail) City of Satellite Beach, 565 Cassia Blvd., Satellite Beach, FL 32937

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Certification Regarding Debarment, Suspension, Ineligibility And Voluntary Exclusion

Contractor Covered Transactions

(1) The prospective contractor of the Recipient, City of Satellite Beach, certifies that by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the Recipient's contractor is unable to certify to the above statement, the prospective contractor shall attach an explanation to this form.

CONTRACTOR:

_____

By: _____ _____
Signature **Recipient's Name**

_____ _____
Name and Title **Contract Number**

_____
Street Address

_____
City, State, Zip

_____
Date

CITY OF SATELLITE BEACH, FLORIDA

565 Cassia Boulevard
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Dear Vendor:

The City of Satellite Beach no longer issues paper checks due to the surge in check fraud. Thus, we require your banking information in order to send Automated Clearing House (ACH) payments.

Luckily, this provides many benefits for our vendors:

Faster Payments:

1. ACH Payments can be credited to your account in less than 3 business days, compared to payments made through the U.S. Postal Service which can take 7 to 10 days.
2. Banks do not hold ACH payments like checks, your funds are available as soon as the ACH payment is credited to your account.

Fewer Issues:

1. ACH payments reduce fuel and energy needs required to prepare and deliver your checks. ACH payments eliminate the need for paper checks and envelopes.
2. Your ACH payment can not be lost in the mail or sent to an outdated address.
3. You can receive immediate notification of each ACH payment (with remittance detail) sent to the email address you provide.
4. You will save time by not traveling to the bank or waiting in lines to deposit your check.

To receive payments via ACH, please fill out the ACH form on the back, and return it to ap@satellitebeach.gov.

If you have any questions please feel free to contact us at 321-773-4407 ext. 151.

A web version of this form can be completed at:
https://us.openforms.com/Form/216a6117-828a-4cd3-93c8-c16376ac7992

City of Satellite Beach Support Services 565 Cassia Blvd Satellite Beach, FL 32937
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Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that the funds have been deposited.

Please check one of the following: ☐ New ☐ Change

Payee/Company Information:

Name:
Current Mailing Address:
Contact Person Name:
Social Security or Taxpayer ID (required):
Work Telephone:
Work Fax:
Email Address:

Financial Institution Information:

Name:		
Address:		
9-digit routing number:		
Account number:		
Type of Account:	☐ Checking	☐ Saving

A Social Security Number or Taxpayer ID is required for vendor verification. An email address is recommended to participate in this program.

Name of Payee or Authorized Official (please print):
Signature and Title of Payee or Authorized Official (required):
Date:

Form Return Instructions

Mail this form to: **City of Satellite Beach** **Attn: Accounts Payable** **565 Cassia Blvd** **Satellite Beach, FL 32937**		**Email the form to:** **ap@satellitebeach.gov**

According to F.S. 119.071(5)(b), Bank account numbers and debit, charge, and credit card numbers held by an agency are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to bank account numbers and debit, charge, and credit card numbers held by an agency before, on, or after the effective date of this exemption. http://www.flsenate.gov/Laws/Statutes/2018/119.071

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IRS W-9 Form

Request for Taxpayer Identification Number and Certification

IRS Form W-9 is a **required** part of the vendor registration packet which must be completed and submitted with the vendor application forms. Please go to Form W-9 (Rev. March 2024) (irs.gov) to complete this form, save it and return the form in one of the following ways:

Mail this form to:	Fax the form to:	Email the form to:
City of Satellite Beach Attn: Accounts Payable 565 Cassia Blvd Satellite Beach, FL 32937	We no longer accept fax.	ap@satellitebeach.gov

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they