

**PORT HURON HOUSING COMMISSION
905 SEVENTH STREET
PORT HURON MI 48060**

BIDDER & VENDOR LIST

Fully complete this form and return to Port Huron Housing Commission (PHHC), to provide PHHC the information needed to include your business in future competitive bid solicitations. The majority of bid solicitations will be sent through email. Businesses must keep all of the information provided on this form current and updated. Continually responsive businesses will remain active on PHHC Bidder & Vendor Lists, continually non-responsive businesses to PHHC solicitations will remain active for approximately 2 calendar years.

1. BUSINESS NAME & ADDRESS:

2. EMAIL ADDRESS, TELEPHONE, & FAX NUMBER:

3. TYPE OF ORGANIZATION (Check one)

Proprietorship Partnership Corporation LLC Other

4. HOW LONG HAVE YOU BEEN IN BUSINESS?:

5. LICENSE(S) HELD and LICENSE NUMBERS:

6. CAN YOUR BUSINESS BE BONDED? YES NO
(Construction & Service Contractors only)

7. IS YOUR BUSINESS INSURED? YES NO
(General Liability, Auto, Workers Comp.)

8. LIST SPECIFIC TYPES OF WORK PERFORMED BY YOUR COMPANY:

(Please do not check all items)

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Mechanical, Plumbing, Electrical (circle) | <input type="checkbox"/> Cleaning/Janitorial |
| <input type="checkbox"/> Roofing, Siding, Aluminum | <input type="checkbox"/> Painting/Drywall |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> Material Supplier (specify): |

****Vendors may also submit additional business information, such as: brochures, marketing info, etc.**

9. DOES YOUR BUSINESS QUALIFY AS A SMALL BUSINESS, MINORITY OWNED BUSINESS, WOMEN'S BUSINESS ENTERPRISE OR A SECTION 3 BUSINESS UNDER FEDERAL GUIDELINES?

YES NO

(IF YES, SUBMIT THE ADDITIONAL VERIFICATION FORMS)

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____