

City of Seaside
SMALL WORKS ROSTER APPLICATION

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____
(IF DIFFERENT)

TELEPHONE () _____ FAX () _____

EMAIL ADDRESS _____

TYPE OF OWNERSHIP CORPORATION SINGLE PROPRIETORSHIP LLC

MINORITY AND WOMAN OWNED BUSINESS MBE WBE

COMPANY INFORMATION

FEDERAL TAX ID # (EIN) _____

CONTRACTOR LICENSE NUMBER _____

\$30,000 PUBLIC WORKS BOND # _____

CITY OF SEASIDE BUSINESS LICENSE # _____ EXPIRES: _____

BONDING/INSURANCE COMPANY

NAME: _____

ADDRESS#: _____

CITY/ST/ZIP: _____

PHONE: _____

CHECK BOX THAT BEST DESCRIBES THE TYPE OF WORK YOUR FIRM IS QUALIFIED TO PERFORM.
CHECK ALL THAT APPLY.

- | | | |
|--|---|---|
| <input type="checkbox"/> BRIDGES | <input type="checkbox"/> MASONRY | <input type="checkbox"/> STORM DRAINAGE |
| <input type="checkbox"/> CONCRETE PLACEMENT
& FINISHING | <input type="checkbox"/> PAINTING | <input type="checkbox"/> STRUCTURAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PAVEMENT MARKINGS | <input type="checkbox"/> TELEMETRY/ CONTROLS |
| <input type="checkbox"/> GENERAL CONSTRUCTION | <input type="checkbox"/> PAVING/STREET REPAIR | <input type="checkbox"/> TRAFFIC SIGNALIZATION |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> PIPE CLEANING | <input type="checkbox"/> UTILITY VIDEO INSPECTION |
| <input type="checkbox"/> IRRIGATION SYSTEM | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> WASTEWATER PUMP STATIONS |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> WATERMAINS |
| | <input type="checkbox"/> SANITARY SEWER | <input type="checkbox"/> WATER PUMP STATIONS |

OTHER _____
(SPECIFY)

BY SIGNING BELOW, I HEREBY AFFIRM THAT THE NAMED FIRM HAS NO PREVIOUS RECORD OF
DEFAULT IN THE PERFORMANCE OF OR FAILURE TO COMPLETE A WRITTEN PUBLIC CONTRACT,
AND HAS NOT BEEN CONVICTED OF A CRIME ARISING FROM A PREVIOUS PUBLIC CONTRACT.

MY SIGNATURE FURTHER ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THE
REQUIREMENTS DESCRIBED IN THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE, THE
INFORMATION PROVIDED IS A TRUE REPRESENTATION OF THE NAMED FIRM'S ABILITY TO
PERFORM ANY WORK THAT MAY RESULT FROM SUBMITTAL OF THIS APPLICATION.

DATE _____ SIGNATURE _____

NAME AND TITLE OF PREPARER (TYPE OR PRINT)