



City of Calimesa

908 Park Avenue • Calimesa, California 92320
Phone (909) 795-9801 • Fax (909) 795-6187
<http://www.cityofcalimesa.net>

VENDOR LIST APPLICATION

Business Name: _____

Contact Person: _____

Full Mailing Address: _____

Phone No.: _____ Fax No.: _____

Email: _____ Website: _____

Organization Type: Individual Partnership Nonprofit Corporation

Type of Business: _____ No. of years in business: _____

CSLB License No. _____ Calimesa Business License No. _____

Do you have any experience with mobile homes? Yes No

Are you a lead-certified contractor? Yes No

• If No, do you have a lead-certified subcontractor? Yes No

• If Yes, what is their business name? _____

If applicable, please check one or more below. If your business is certified as an MBE/WBE by any agency, please include a copy of your certification form:

Woman-owned business Minority-owned business Handicapper-owned business

Please list up to three public agencies with whom you do business:

Agency Name	Contact Person	Phone Number

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT

Print name and title

Signature

