

VENDOR BUSINESS REGISTRATION FORM



CITY OF PORTLAND REVENUE DIVISION
 111 SW COLUMBIA ST, SUITE 600, PORTLAND OR 97201
 FAX: 503-823-5192 | OFFICE: 503-823-5157
 Web: www.portlandoregon.gov/biztax



BUSINESS INFORMATION

NAME (as shown on your income tax return)			
BUSINESS NAME (if different from above)			
BUSINESS ADDRESS	CITY	STATE/PROV	ZIP CODE
MAILING ADDRESS (if different than above)	CITY	STATE/PROV	ZIP CODE
BUSINESS ENTITY TYPE (select one) Sole Proprietor S Corporation C Corporation Partnership Trust/Estate		NAICS CODE	DESCRIBE ACTIVITY

TAXPAYER IDENTIFICATION NUMBER (TIN)

SOCIAL SECURITY #	FEDERAL EMPLOYER IDENTIFICATION #	FOREIGN IDENTIFICATION # (OPTIONAL)
----- SSN or FEIN Required -----		

Select one of the following:

Our business is located outside the City of Portland, Oregon and Multnomah County, Oregon. The product we are providing to the City of Portland is shipped into the City. Our services will be produced exclusively at our location outside of the City of Portland/Multnomah County. We have no office or employees in the City of Portland/Multnomah County.

One or more of the following conditions are true:

- Our business is located in the City of Portland /Multnomah County.
- We will have an office or employee(s) in the City to meet the terms of this contract.
- We do business in the City beyond the above statement, for example: on-site repairs, installation, office location with employees in the City, etc.

Explanation:

Under penalty of making a false statement, I certify that the information on this form is correct.

Authorized Representative _____

Signature of Authorized Representative _____

Phone: _____ Email: _____ Date: _____

Official Use Only (To Be Completed by the Revenue Division)	
Vendor #:	Issue Date:

Mail, email, or fax the completed form to: City of Portland Revenue Division,
 Attn: Vendor Compliance Officer, 111 SW Columbia ST. Suite 600, Portland OR 97201
 FAX: 503-823-5192 | EMAIL: RevVendor@portlandoregon.gov