



COUNTY OF ALAMEDA
SMALL, LOCAL AND EMERGING BUSINESS PROGRAM
VENDOR APPLICATION

Section A: Business Information

* Asterisk (*) indicates Required Information.

*Business Type: [] Sole Proprietorship [] Partnership [] Corporation

*Business Name: SLEB Vendor ID Number: _____

DBA (Circle One): Yes or No

*Federal Tax Identification Number: _____

*Business Address:

*Business Telephone Number: Business Fax Number:

Business Start Date: # of Employees:

Business Description:

Gross Business Receipts for Last Three Years (If first year in business, please list gross receipts received to date):

\$ _____ 20____ \$ _____ 20____ \$ _____ 19____

Section B: Contact Information

*Name: *Title:

Address: *Email Address:

Phone: Fax number:

Percentage of Ownership (If less than 51%, please list other owner's names and titles.):

Gender: [] Male [] Female

*Ethnicity: The collection of ethnicity and gender data is for statistical and demographic purposes only.

- [] American Indian or Alaskan Native (>50%) [] Asian (>50%)
[] Black or African American (>50%) [] Filipino (>50%)
[] Hispanic or Latino (>50%) [] Native Hawaiian or other Pacific Islander (>50%)
[] White (>50%) [] Other (Please Specify)

Section C: SIC and NAICS Codes Information

SIC Code(s)

NAICS Code(s)

Blank lines for entering SIC and NAICS codes.

Section D: Business and License Information

Please List All Current Business and Professional Licenses:

License Type: Date Issued/Expires: Jurisdiction/Issuing Authority:

Blank lines for listing licenses.