

REQUIRED FORMS
PROPOSER QUESTIONNAIRE

Proposer:

Company Name: _____

Doing Business As (if different than above): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____ Website: _____

Taxpayer Identification Number: _____

Mailing Address (if different than above):

Address: _____

City: _____ State: _____ Zip: _____

Proposer Contact for Questions about Proposal:

Name: _____ Fax: _____

Phone: _____ E-Mail Address: _____

Transaction Privilege (Sales)Tax/Use Tax Information (check one):

Proposer is located outside Arizona (The City will pay use tax directly to the AZ Dept of Revenue); OR

Proposer is located in Arizona (The Proposer must invoice the applicable state and local tax to City, and remit taxes.)

Arizona Department of Revenue TPT License No.: _____ (Attach documentation).

Business License Information (check one):

Proposer does not have a business location within the City of Flagstaff; OR

Proposer has a business location (uses a building) within the City of Flagstaff.

Flagstaff TPT/Business License Number: _____ (Attach documentation).

Insurance (who will provide the required insurance coverages):

Insurance Company Name: _____

Contact & Phone Number: _____

Subcontractors:

List any subcontractors to be utilized, if any.

1. _____

2. _____

3. _____

4. _____