



CITY OF
UNION GAP
1883

CITY OF UNION GAP
102 W. AHTANUM ROAD
PO BOX 3008
UNION GAP WA, 98903
(509) 248-0432 FAX (509) 248-6494
www.cityofuniongapwa.gov

Small Works Roster Application

Date: _____

Name of Business: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Type of Ownership Corporation Single Proprietorship Partnership

- Minority and Women-Owned Businesses MBE WBE
- Licenses & Tax Identification
 Washington State Tax No (UBI): _____
 City of Union Gap Business License No Yes License No: _____
- Types of services, equipment or products provided:

_____	_____
_____	_____
_____	_____
_____	_____

By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

_____	_____	_____
Name and Title (printed)	Signature	Date