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: _____

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

For Questions please contact Karen Clifton (509) 248-0432