City of Lake Charles Nic Hunter, Mayor

HOW TO DO BUSINESS WITH THE CITY OF LAKE CHARLES GUIDE



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Revised 07/2017

Section 1.0 General

1.1 Introduction

This manual is intended to acquaint vendors with the City of Lake Charles' procurement process and assist them in becoming suppliers to the City. This is provided as a general guideline to help you understand some of the processes. Nothing contained herein shall be construed to amend or override any statute, rule, regulation, policy or procedure of the City of Lake Charles, or the provision of any document used in any competitive procurement. The City of Lake Charles reserves the right to modify this manual without prior notice and without issuance of such modification to all holders of the manual.

You are encouraged to visit our office and an appointment made in advance will enable productive utilization of time for both parties. Our business hours are 8:00 AM to 4:30 PM weekdays excluding holidays. We urge you to contact us at (337) 491-1263 to make an appointment so that we allow sufficient time to meet with you. Vendors should bring catalogs, brochures, descriptive material, and price lists to familiarize the City's Purchasing Office with their products and service.

1.2 Mission Statement

The mission of the City of Lake Charles is to enhance the quality of life for our citizens, our neighbors, and visitors and to provide a foundation for the growth and prosperity of future generations by providing community services and facilitating orderly growth and development.

The mission of the Purchasing Division, within the Department of Finance, is to provide efficient and responsive procurement practices while providing quality service through teamwork and communication with City departments, divisions and vendors. The Purchasing Division is dedicated to providing the City with the most effective and efficient centralized means for procuring quality goods and services, in an economical and timely manner, while staying within the laws and regulations of the State of Louisiana and the City of Lake Charles. The Purchasing Division provides direction and support in identifying sources capable of providing a continuous supply of goods and services in a quality and cost efficient manner.

1.3 Location and Address

Purchasing Division, City Hall, 6th Floor 326 Pujo Street, Lake Charles, LA 70601 P.O. Box 900, Lake Charles, LA 70602 Phone: (337) 491-1263 Fax: (337) 491-1405 Occupational Licenses, City Hall, 6th Floor 326 Pujo Street, Lake Charles, LA 70601 P.O. Box 900, Lake Charles, LA 70602 Phone: (337) 491-1442 Fax: (337) 491-8619

1.4 Website

Our Internet home page: <u>www.cityoflakecharles.com</u>

Section 2.0 Frequently Asked Questions

1. What is required to do business with the City of Lake Charles?

- Bidder's Application
 - to be added to the vendor database
 - o to receive requests for quotes
- Vendor Request Form
 - to receive a purchase order
 - o to receive a contract
- Certificate of Insurance
 - to receive a purchase order
 - o to receive a contract

2. Do we use local vendors for purchasing materials and supplies?

Yes. Local vendors are contacted and are encouraged to submit quotes to the City.

3. Does the City of Lake Charles pay taxes?

No. All purchases made directly by the City of Lake Charles are exempt from all taxes. Purchases made by contractors or sub-contractors, on behalf of the City of Lake Charles for City projects, are subject to all applicable sales tax.

4. Is there a fee to do business with the City?

No. There is no fee to be added to the vendor database.

5. Are there any special requirements for doing work with the City?

Yes. A vendor request form and certificate of insurance must be submitted to the Purchasing Division for review and approval. Approval must be obtained before a purchase order and/or contract can be issued.

6. How long can a vendor remain on the City's bid list?

A vendor will remain on the City's bid list as long as their work performance is acceptable by the City. Vendors are removed from the bid list if past performance has been unacceptable or if mail is returned with no forwarding address. Vendors are also removed if they fail to maintain the required insurance.

Section 3.0 Formal Public Bid and Request for Proposal (RFP)

FORMAL PUBLIC BID

- Used when department has a definite need and City Council approved budget. Award is made to the lowest responsive and responsible bidder(s).
- Department identifies need and submits specifications and suggested vendor sources to Purchasing for processing.
- Purchasing reviews and modifies, included purchasing rules and regulations.
- City Council authorizes, by resolution, the Mayor to advertise to receive sealed public bids to purchase budgeted item(s). Bid is emailed/mailed to all known vendors.
- Bid is advertised twice, fifteen (15) days prior to bid opening. Other requirements apply to construction contracts and services that involve labor and materials.
- Bidders prepare bid response and submit prior to bid opening.
- Bid is publicly opened. Names of bidders and prices quoted are read and recorded by the Clerk of the Council.
- Bid is tabulated by the Purchasing Manager.
- Department evaluates the bid against specifications and submits technical advice and recommendation. Purchasing submits a written recommendation to City Council to award bid to the lowest responsive and responsible bidder(s).
- Bids may be examined by written request to the Purchasing Manager.
- City Council awards the purchase order to the lowest responsive and responsible bidder(s).
- Bids cannot be negotiated. Purchase order is issued per City Council Ordinance approval.
- Director of Finance authorizes Purchasing Manager to sign the purchase order.

REQUEST FOR PROPOSAL (RFP)

- Used when department is seeking a solution to a definitive problem, for highly technical equipment, complex services or contracting with a group purchasing organization. Award is made to the responsible offeror whose proposal is the most responsive and advantageous to the City with consideration to cost as well as other evaluation criteria.
- Department identifies need, submits RFP request letter with justification, statement of work, evaluation criteria with point value of each, to the Purchasing Manager.
- The Purchasing Manager and Department reviews request and RFP draft.
- Evaluation committee is selected and instructed by Purchasing Manager.
- RFP notices are emailed/mailed to all known potential offerors.
- Offerors prepare offer and submit RFP prior to proposal opening.
- Proposals are publicly opened and only the names of offerors are read.
- Copies of all proposals are distributed to evaluation committee.
- Evaluation committee members conduct independent evaluations of each offer based on evaluation criteria defined in the RFP and meet to arrive at consensus scoring.
- Evaluation committee develops award recommendation, project leader obtains department approval, and forward to department head.
- Department administratively reviews award recommendation and obtains approval from the Director of Finance and Purchasing Manager.
- "Intent to Award" letter(s) and "Notice of Regret" letter(s) are sent to all offerors, as appropriate by department.
- Proposers may be debriefed by contacting the department submitting RFP. Offerors may submit a written public records request and information is provided within seventy-two (72) hours.
- All RFP awards must be reduced to a contract. Contract terms and conditions and non-mandatory requirements can be negotiated but not prices alterations.
- Director of Finance and/or Purchasing Manager and successful offeror sign the contract and forward to Purchasing for purchase order issuance.
- Purchasing must monitor contract. The department must evaluate contract performance and forward information to the Purchasing Division.

Section 4.0 Mistakes Commonly Made By Vendors When Preparing a Bid

- > Failure to sign the bid documents.
- > Failure to mail or submit bid documents in a timely manner.
- Failure to familiarize themselves with the purchasing rules and regulations of the City of Lake Charles.
- > Failure to submit a bid bond when required or bid bond amount is insufficient.
- Failure to respond to mandatory requirements contained in the bid such as: furnishing a bid bond, mandatory pre-bid conference, etc.
- Failure to submit bids in a sealed envelope on or before the date and time as specified in the bid.
- Failure to reflect on the outside of the sealed envelope the name of the bidder and the items for which the bid is being submitted.
- > Failure to submit bid on the City of Lake Charles bid forms.
- > Faxed bids are not acceptable for sealed public bids.

Section 5.0 Bidders Mailing List Application

The APPLICATION

Immediately follows this page



CITY OF LAKE CHARLES Bidders Application

Return this form to: City of Lake Charles, Finance Department/Purchasing Division, PO Box 900, Lake Charles, LA 70602 **Phone** (337) 491-1263 **Fax** (337) 491-1405

Applicant's Name:				
Name of Business:				
Business Address:				
Mail Bidding Forms to:				
	(Represe	entative/Contact Name	and Title)	
Telephone:	Cell:		Fax:	
Would you like to receive bid not	ifications via email	? [] Yes [] No		
Email Address:				
How long in present business?	Years	Months	Number of Employees:	
Check type of Ownership: [] Ir	ndividual 1099, Pro	vide Social Security Nu	umber:	
[] Partnership OR [] Corporation	Federal I.D. Number:	·	
SMALL BUSINESS ENTERPRIS *Complete and attach Small Bus			ess Enterprise Declaration Form	
DISADVANTAGED SMALL BUS *Complete and attach Small Bus				
DISADVANTAGED BUSINESS *Complete and attach Small Bus				
List below those supplies, mater (Business cards and line sheet n		s that your company ca	n supply to the City	
	_			
Check below the category that a	pplies to the applic	ant:		
[] Manufacturer/Producer [[] Distributor	[] Service [] W	holesaler [] Retailer [] Construction	
If firm is a parent company, what is the status of the firm? [] Division [] Subsidiary				
If firm is a division or subsidiary, list full name of parent company:				
	et unity of the City		apital interest in the above named firm is also an at all the information supplied herein is true and	
Signature	1	Fitle	Date	
The City of Lake Charles fully complies with Title	VI of the Civil Rights Act of 19	964, Americans with Disabilities Act,	and related statutes, executive orders, and regulations in all programs and	

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title U/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head.

Section 6.0 Minimum Insurance Requirements

The REQUIREMENTS

Immediately follows this page

CITY OF LAKE CHARLES MINIMUM INSURANCE REQUIREMENTS ATTACHMENT "A"

Prior to commencing work hereunder, Vendor at his/its expense will procure insurance naming the City as an additional insured on liability coverage and furnish certificates as to such on the City's standard certificate form or standard Accord form certifying the coverage as follows:

- (a) <u>Workers' Compensation Insurance</u> Vendor shall have and maintain during the life of this contract, Workers' Compensation Insurance for his employees connected to the work, in accordance with the Statutes of the State of Louisiana, and any applicable laws, including Employers' Liability with a limit of at least \$100,000.
- (b) <u>Comprehensive General Liability Insurance</u> The Vendor shall have and maintain during the life of this contract, Comprehensive General Liability Insurance. Said Comprehensive General Liability Policy shall contain Contractual Liability and Products/Completed Operations Liability subject to the following limits: BODILY INJURY of at least \$1,000,000.00 PER PERSON, \$1,000,000.00 PER OCCURRENCE, PROPERTY DAMAGE of at least \$1,000,000.00 PER OCCURRENCE, or BODILY INJURY/PROPERTY DAMAGE of at least \$1,000,000.00 COMBINED SINGLE LIMIT.
- (c) <u>Comprehensive Automobile Liability Insurance</u> The Vendor shall have and maintain during the life of this contract, Comprehensive Automobile Liability, including non-owned and hired vehicle, of at least \$500,000.00 PER PERSON, \$500,000.00 PER OCCURRENCE, PROPERTY DAMAGE/BODILY INJURY of at least \$500,000.00 PER OCCURRENCE, OR BODILY INJURY/PROPERTY DAMAGE of at least \$500,000.00 COMBINED SINGLE LIMT.
- (d) The required insurance policy at the time of issue must be written by a company licensed to do business in the State of Louisiana and acceptable to the City of Lake Charles.
- (e) The Vendor shall not cause any insurance to be cancelled or permit any insurance to lapse. All insurance policies shall contain a clause to the effect that the City shall receive by written notice as evidenced by return receipt of registered or certified letter a ten (10) day notice of non-payment of premiums and thirty (30) day notice on cancellation or non-renewal on the policy. Certificates of Insurance shall contain transcript from the proper office of the insurer, the location, and the operations to which the insurance applies, the expiration date, and the above-mentioned notice to cancellation clause.
- (f) Vendor shall hold harmless, indemnify and defend the City of Lake Charles, its agents, officers and employees from and against any and all liability, losses, expenses, demands, claims, damages, suits or judgments for or on account of injury to or death of persons or damage to, destruction or loss of property, including but not by way of limitation, damage to property of the City of Lake Charles and injury or death of its agents, officers and employees, arising out of or in any way occurring directly or indirectly in connection with this contract, or work performed there under, including without limitation, delegable or non-delegable duties imposed upon Vendor whether or not any such injury, death or damage may have been caused in part by the negligence of the City of Lake Charles, its agents, officers and employees, or in whole or in part by the condition of the premises or a vice or defect thereof. Nothing herein shall be construed so as to require Vendor to indemnify or hold harmless the City of Lake Charles for damages caused solely by the negligence of the City against any claim so made, should negligence be alleged to have been joint, several or alternative.

In all instances, Vendor must procure insurance naming the City as an additional insured on the general and auto liability coverage's, include a hold harmless agreement, and a waiver of subrogation when required by written contract.

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head.

SECTION 7.0 Small Business and/or Disadvantaged Small Business Enterprise Declaration Form

The FORM

Immediately follows this page



Small Business and/or Disadvantaged Small Business Enterprise Declaration Form

Dear Business Owner,

It is the policy of the City of Lake Charles to award an amount of no less than ten percent of contracts for goods and services to small business and/or disadvantaged small business enterprises. It is also the policy to encourage general contractors to award at least twenty-five percent of their sub-contracted work to disadvantaged small business enterprises. To that end we request your cooperation in determining your status by providing the below requested information. This form must be filled out completely and returned to the Office of Community Development & Services. Incomplete or unsigned forms shall be deemed invalid and will be returned for completion.

RETURN COMPLETED FORM TO:

Earl Edwards, DBE-SBOP Coordin			
326 Pujo Street, 5 th Floor, Lake Cha			
(337) 491-1392	,		
(337) 491-1437 Fax			
earl.edwards@cityoflc.us			
Name of Firm:			
Date and State of Incorporation	n:		
-			
Owner's Name:			
Business Address:			
City:	State:	Zip:	
		Б	
Telephone:		Fax:	
Emoil Adducate			
Email Address:			
Twpe of Business:			
Type of Business:			
Owner's Signature.			

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of person, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator may be reached by phone at (337) 491-1440, the Mavor's Action Line at (337) 491-1346, or contact the appropriate Department Head.

Small Business Enterprise (SBE) Eligibility Criteria

Small business shall be defined as stipulated by La. R.S. 38:2233.2E (1) (2) and Sec. 2-28(h) of the City of Lake Charles Code of Ordinances, which are as follows:

- (1) "Small Business" means a business entity organized for profit, including an individual, partnership, corporation, joint venture, association or cooperative which is domiciled in and has its principal place of business in Louisiana and which is not:
 - a. Dominant in its field of operation or
 - b. An affiliate or subsidiary of a business in its field of operation.
- (2) "Dominant in its field of operation" means exercising a controlling or major influence in a business activity in which a number of businesses are engaged. In determining if a business is dominant, the following criteria, among others, shall be considered: Number of employees; volume of business; financial resources; competitive status or position; ownership or control of materials, processes, patents, license agreements and facilities; sales territory; and nature of business activity. The following businesses shall be deemed dominant in their field of operation:
 - a. Manufacturing businesses which employ more than 100 persons and have in the preceding three fiscal years exceeded a total of \$15,000,000.00 in gross receipts.
 - b. Nonmanufacturing businesses which employ more than 25 persons and have in the preceding three fiscal years exceeded a total of \$3,000,000.00 in gross receipts.
- (3) "Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in that field of operation, or by partners, officers, directors, majority shareholders, or their equivalent of a business dominant in that field of operation.

We qualify as a Small Business Enterprise (SBE) owned and operated per the above definition and declaration:

YES: _____ NO: _____

Our business structure (sole proprietor, partnership, limited liability company, corporation, etc.) is: _____

Disadvantaged Small Business Enterprise (DSBE) Eligibility Criteria

Small businesses owned and operated by socially or economically disadvantaged persons, Disadvantaged Small Business Enterprises (DSBE), shall be defined as follows:

- (1) Socially or economically disadvantaged person means a person who has been deprived of the opportunity to develop and maintain a competitive position in the economy because of a social or economic disadvantage. This disadvantage may arise from cultural, social, or economic circumstances or background physical location.
- (2) Socially disadvantaged means anyone who is a member of any group that has historically been subjected to racial or ethnic prejudice or cultural bias within the larger American culture because of his or her identity as a member of this group without regard to the person's individual qualities.
- (3) Economically disadvantaged means anyone who is socially disadvantaged whose ability to compete in the free enterprise system has been impaired due to industry practice and/or diminished capital capacity and/or restricted credit opportunities as compared to others in the same or similar line of business that are not socially disadvantaged.
- (4) Small business owned and operated by socially and economically disadvantaged persons means a small business that is at least 51% owned by one or more individuals that are both socially and economically disadvantaged or is a small business entity at least 51% of its stock or shares must be unconditionally owned by one or more individuals that are both socially and economically disadvantaged and the business management, policy determinations, and daily operations are controlled and operated by such individuals.

We qualify as a Disadvantaged Small Business Enterprise (DSBE) owned and operated per the above definition and declaration:

YES: _____ NO: _____

No. of Employees_____ Gross Receipts past 3 years_____

Please give a brief explanation of your social and economic disadvantage(s) i.e. victim of discrimination or live in low income area:

The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Each organization must self-identify up to three categories, in priority order, which most closely identifies the scope and types of services provided. Categories are derived from the NAICS Association website at <u>http://www.naics.com/search/</u>.

NAICS CODE	NAICS INDUSTRY TITLE
	<u> </u>

In February 1999, the U. S. Department of Transportation (DOT) issued new Disadvantaged Business Enterprise (DBE) regulations, Title 49 of the Code of Federal Regulations, (CFR) Part 26, to provide uniform requirements from the DOT. The City of Lake Charles has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26. The State of Louisiana has developed a Unified Certification Program plan containing the definitions, requirements, process, and forms which is used by qualifying agencies to certify businesses wishing to become a Disadvantaged Business Enterprise (DBE). This information can be found at http://www8.dotd.la.gov/ucp/.

If your business entity is a certified DBE as defined by the UCP, please indicate the specific work category and NAICS code found on your certification letter in the below section.

SPECIFIC WORK CATEGORY	NAICS CODE

CERTIFICATE OF ACCURACY

State of	, Parish/County of	
I,(Owner]		he company named
	, located at	
(Company Name)	(Business	
	, City of the State of	, Zip Code
(City)	(State)	
, certify that		, qualifies as a
(Zip Code)	(Company Name)	-
Small Business Enterprise	e and/or Disadvantaged Small Business Enterpr	, and, ise (indicate above)

I do hereby certify that the information provided herein is true, complete, and accurate to the best of my knowledge and belief.

I understand and acknowledge that the City of Lake Charles reserves the right to verify any information that is relevant to the determination of my status as a Small Business Enterprise and/or Disadvantaged Small Business Enterprise. I further understand that any false or misleading information given in this declaration could result in the City of Lake Charles taking adverse actions against me including but not limited to the suspension of all or a portion of the privileges of my status up to the full revocation of my status.

Signature of Declarant



VOLUNTARY SELF-DISCLOSURE OF GENDER & RACE/ETHNICITY

The City of Lake Charles assures that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity on the grounds of their race, color, national origin, income, gender, age, disability, veteran status, marital status, religion, or any other protected group status as defined by law. The following information, if disclosed, is intended to be used for federal reporting requirements only.

We are subject to certain governmental recordkeeping and reporting requirements and, in order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity, and gender. Submission of this information is strictly voluntary, and refusal to provide it will not adversely affect your opportunities to do business with the City or to subcontract on City funded projects or result in other adverse treatment. The information obtained will be kept confidential and separate from your information on file and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. We encourage you to please complete the self-identification form below and return it to us as soon as possible.

NAME: _____

_____ I do not wish to self-Identify.

GENDER:

(Please check one of the options below)

_____ Male (federally defined)

_____ Female (federally defined)

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

____ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

_____ Other: ______

Date completed: _____

Signature: _____

Please return form to the Office of Community Development & Services via email at <u>earl.edwards@cityoflc.us</u> or fax at (337) 491-1437.

Thank you.

Section 8.0 Request for Taxpayer Identification Number

The FORM

Immediately follows this page

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	2 Business name/disregarded entity name, if different from above				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemptions (code certain entities, not instructions on page instructins on page instructions on pag					
rint or type. Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners! Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the ow another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single	Exempt payee code (if any) Exemption from FATCA reporting code (if any)			
PI Specific	is disregarded from the owner should check the appropriate box for the tax classification of its owner ○ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)		
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)		
S	6 City, state, and ZIP code				
	7 List account number(s) here (optional)				
Par	t I Taxpayer Identification Number (TIN)				

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	or
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number
Number To Give the Requester for guidelines on whose number to enter.	

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

• An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

 In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

 In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the Owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
 Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. 	Individual/sole proprietor or single- member LLC
 LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. 	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

 $2-\mbox{The United States or any of its agencies or instrumentalities}$

3-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

 $4\!-\!A$ foreign government or any of its political subdivisions, agencies, or instrumentalities

5-A corporation

6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

 $7-\mathrm{A}$ futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

9-An entity registered at all times during the tax year under the Investment Company Act of 1940

10-A common trust fund operated by a bank under section 584(a)

11-A financial institution

12-A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

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The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E-A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

 $\rm H-A$ regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L-A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov.* You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

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1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
 a. The usual revocable savings trust (grantor is also trustee) 	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
 Partnership or multi-member LLC A broker or registered nominee 	The partnership The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
 Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) 	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft. The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Section 9.0 Purchasing Rules and Regulations

A. **PURPOSE**

- The purpose of this document is to provide general and specific information for use by vendors in submitting a bid to supply the City of Lake Charles with equipment, supplies and/or services. Bidders are advised to familiarize themselves with all rules and regulations and particularly those provisions with respect to strict compliance with the bid proposal.
- Bids submitted are subject to provisions of the laws of the State of Louisiana including by not limited to LSA-R.S. 38:2181-2319; Purchasing Rules and Regulations, specifications; and special conditions listed in this invitation. All purchases shall be made with the issuance of a purchase order from the Central Purchasing Division and in accordance with all applicable City ordinances and State Purchasing Laws.

B. BIDDER SUBMISSIONS

 <u>BID FORMS</u>: The City assumes no responsibility for failure to send proposals and bidders should personally pick up bid forms and specifications. Full information may be obtained or any questions answered by contacting the Central Purchasing Division, 6th Floor, City Hall, 326 Pujo Street, Lake Charles, Louisiana 70601. Bid forms and specifications may also be found at <u>www.bidsync.com</u> and/or <u>www.bidexpress.com</u>.

2. HOW TO PREPARE BID PROPOSALS:

- a) All bid proposals shall be prepared on the Bid Proposal Page form(s) furnished by Central Purchasing enclosed herein, unless otherwise prescribed.
- b) All bid proposals shall be typewritten or completed with pen and ink, signed by the vendor or his authorized representative, with all erasures or corrections initialed and dated by the official signing the proposal. Bidders are encouraged to review carefully all provisions and attachments of this document prior to completion. Each bid constitutes an offer and may not be withdrawn except as provided herein. Also, prices are to remain firm for the period stated herein.
- c) The bid proposal page shall include an original signature which is manually signed in ink. The bidder shall be responsible for all errors or omissions in his bid proposal.
- d) Bidders must check each specification item "yes" or "no" to indicate that the equipment, supplies and/or services meets specifications. If the specifications are not met, the bidder must check "no" and write in the deviation blank on the specification sheet. Any deviations from specifications must be clearly noted in detail and submitted in writing on a separate document (if additional space is needed) with the bid. The absence of specification deviation will hold the bidder strictly accountable to the specifications as written. Failure to submit document of specification deviation, if applicable, shall be grounds for rejection of the bid and/or rejection of the item when offered for delivery.

3. HOW TO SUBMIT BID PROPOSALS:

a) All bid proposals shall be submitted on the bid proposal forms furnished. Addenda, if any, shall be attached to the complete forms submitted. Altered or incomplete proposals, or use of substitute forms or documents will render the bid irregular. Affidavit enclosed is required of the Successful Bidder.

- b) In an effort to streamline the process for contracting with the City of Lake Charles and in accordance with Act No. 590 of the 2008 Regular Session of the Louisiana Legislature, electronic copies of bid solicitation documents, including general and technical specifications, and technical drawings or plans, bid/proposal forms, submittal instructions, and any addenda revisions to the original specifications may be viewed online, downloaded and printed. The new system will provide prospective bidders quicker access to solicitation information and documents. Bidders must self register online. This information may be accessed through www.cityoflakecharles.com, www.bidsync.com and/or www.bidexpress.com.
- c) All paper bids are to be submitted in a <u>SEALED OPAQUE PACKAGE (envelope, box, etc.)</u>, plainly marked with the name of the bidder, the item(s) for which the bid is submitted and the bid number, file id number and/or project number (see cover letter of bid invitation). A valid Louisiana Contractor's License Number must also be included on the outside of the envelope (if applicable see specifications).
- d) All bid proposals shall be mailed or delivered as follows in sufficient time to insure receipt by the Clerk of the Council on or before the date and time specified in the cover letter.
 - 1) Mailing Address: City of Lake Charles Clerk of the Council, P.O. Box 900, Lake Charles, Louisiana 70602-0900
 - 2) Hand or Express Delivery Address: City of Lake Charles Clerk of the Council, 326 Pujo Street, 4th Floor, Lake Charles, LA 70601.
- e) The method of submission of the bid is the responsibility of the bidder. No responsibility shall be attached to the City of Lake Charles for the premature opening of a package not properly addressed and identified and/or delivered to the wrong office. Bids received after the time specified shall not be accepted or considered and shall be returned to the Bidder.
- 4. <u>HOW TO SUBMIT AN OBJECTION</u>: Objections from bidders to the invitation to bid and/or these specifications should be brought to the attention of the City's Purchasing Manager in the following manner.
 - a) When a pre-bid conference is scheduled, bidders should either present their oral objection at that time or submit their written objections at least two (2) days prior to the scheduled conference.
 - b) When a pre-bid conference is not scheduled, the bidders should object in writing no less than seven (7) working days prior to the opening of the bids.
 - c) Failure to object in accordance with the above procedure shall constitute a waiver on the part of the vendor to protest the invitation to bid.
- <u>FAILURE TO BID</u>: If a bid is not submitted, bidder should return bid invitation sheet, stating reason therefore, and indicate whether the business should be retained or removed from the City's mailing list. The outside of the envelope should clearly be marked "NO BID".
- 6. PRICES:
 - a) Net Prices Bid prices, unless otherwise specified, must be net including all transportation and handling charges fully prepaid by contractor to destination and subject only to cash discount. Bid prices shall be firm for acceptance for a minimum of forty-five (45) days. Bids containing "payment in advance" or "C.O.D." requirements may be rejected. Payments on the awarded bids shall be made upon delivery of equipment, supplies and/or services in accordance with the established "NET 30" payment procedures of the Department of Finance of the City of Lake Charles.

- b) Most Favored Customers Clause Bidder represents that the prices charged the City on bid items do not exceed existing selling prices to other customers for the same or substantially similar items or services for comparable quantities under similar terms and conditions. Bidder further represents that if a more advantageous price is extended to another customer for the same or substantially similar items or services for comparable quantities under similar terms and conditions the city shall enjoy the benefit of the same price.
- 7. <u>NEW PRODUCTS</u>: Unless specifically called for in the solicitation, all products for purchase shall be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product shall be considered for purchase unless otherwise specified in the invitation. The manufacturer's standard warranty shall apply unless otherwise specified in the invitation.
- 8. <u>ERRORS IN BIDS</u>: Bidders or their authorized representatives are expected to fully inform themselves as to the conditions, requirements and specifications before submitting bids. Failure to do so will be at the bidders' own risk. In case of error in extension of prices in the bid, the unit prices shall prevail. The bidder shall be responsible for all errors or omissions in his bid proposal.

9. STANDARDS OF ACCEPTANCE OF BID FOR AWARD CONTRACT:

- a) The City reserves the right to reject any and all bids for just cause.
- b) The City reserves the right to divide items to avail themselves of the lowest individual items bid.
- c) The specifications, advertisement and bid form set forth criteria for judging whether a bid is acceptable to the City of Lake Charles, notwithstanding that a bid may contain deviations, in matters other than those of substance.
- d) The City may waive deviations:
 - 1) of form or which are procedural; or
 - 2) where there is no favoritism or prejudice to the City of Lake Charles, the taxpayers, or to the bidders; and
 - 3) where there is no unfair advantage or disadvantage to the bidders; and
 - 4) where the deviations do not affect the integrity of the contract, and
 - 5) where the deviations do not adversely affect the needs of the City in the acquisition or construction of the item bid, and
 - 6) where the deviations do not permit circumvention of the Public Bid Law or the rules of open and fair competition, and do not discourage public bidding.
- 10. <u>BID SAMPLES:</u> When required, samples must be received no later than the time set in the bid specifications or specified for bid opening, free of expense to the City, marked plainly with name and address of bidder, bid name and opening date of the bid, also memorandum indicating whether bidder desires return of sample or samples. Providing they have not been used or made useless through tests, when requested, samples submitted will be returned at bidder's risk and expense. All samples submitted are subject to mutilation as the result of tests by the City. Failure to submit samples when required will result in disqualification or nonconsideration of bid.
- 11. <u>TAXES:</u> All purchases made directly by the City of Lake Charles are exempt from all taxes. Purchases made by contractors or subcontractors, on behalf of the City of Lake Charles for City projects, are subject to all applicable sales tax.

C. PRE-BID CONFERENCES

Pre-bid conferences may be conducted to explain the procurement requirements. They shall be announced to all prospective bidders known to have received an Invitation for Bids. Conference details shall be included in the bid specifications. The conference will be held allowing sufficient time before bid opening so that consideration of the conference results may be evaluated in preparing bids. Nothing stated at the pre-bid conference will change the Invitation for Bids unless a change is made by written amendment as provided in Subsection D (Amendments to Invitations for Bids) and the Invitation for Bids and the notice of the pre-bid conference shall so provide.

D. AMENDMENTS TO INVITATION FOR BIDS

- 1. <u>FORM</u>: Amendments to Invitation for Bids shall be identified as such. The amendment shall reference the portions of the Invitation for Bids it amends.
- 2. <u>DISTRIBUTION</u>: Amendments shall be sent to all bidders known to have received an Invitation for Bids.
- 3. <u>TIMELINESS</u>: Amendments will be distributed not later than seventy-two (72) hours before bid opening.

E. LATE BIDS

No bid under any circumstances will be received or considered after the appointed hour. The method of delivery of the bid is the responsibility of the bidder. At any time prior to the scheduled closing time for receipt of proposals, any bidder may withdraw his proposal. After scheduled closing time for receipt of proposals or before award of the contract, no bidder will be permitted to withdraw his proposal unless said award is delayed for a period exceeding thirty (30) days.

F. BID OPENING

Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined no sooner than fourteen (14) days following the bid opening or after the recommendation of award, whichever occurs first, by contacting the Purchasing Manager in writing for an appointment. Information pertaining to completed bid files may be secured by requesting in writing from the Purchasing Manager. Bid tabulations may be found on the City's website, <u>www.cityoflakecharles.com</u>, under the Business tab.

G. TIED BIDS

- 1. <u>DEFINITION</u>: Tie bids are low responsive bids from responsible bidders that are identical in price and which meet all the requirements and criteria set forth in the Invitation for Bids.
- 2. <u>AWARD:</u> At the discretion of the Purchasing Manager, award shall be made in a manner that will discourage Tie Bids using the criteria set forth in the Third Edition (1988) of State and Local Government Purchasing, Page 30, paragraphs 6 thru 11. A written determination justifying the manner of award or rejection of bids must be submitted to the Mayor and the City Council.
- <u>RESIDENT BUSINESS PREFERENCE</u>: Louisiana resident businesses shall be preferred to nonresident businesses where there is a tie bid and where there will be no sacrifice or loss in quality, unless using Federal Funds for procurement.

H. BID GUARANTY AND BOND

- Each bid must be accompanied by a CERTIFIED CHECK, CASHIER'S CHECK OR BIDDER'S BOND in an amount equal to not less than five percent (5%) of the total bid <u>or in the dollar</u> <u>amount as required in the Specifications</u> and made payable to the City of Lake Charles. Checks or Bid Bonds of the unsuccessful bidders will be returned once their bids have been rejected. Check or Bid Bond of the successful bidder will be returned after the contract has been completed or delivery made.
- <u>PERFORMANCE AND PAYMENT BONDS</u>: The necessary performance and/or payment bonds shall be supplied when required, if called for in the specifications. The specification will state whether a BID BOND or PERFORMANCE AND PAYMENT BONDS and/or both is required. If PERFORMANCE AND PAYMENT BONDS are required and submitted after award, the initial BID BOND is then returned to successful bidder.
- 3. <u>BOND REQUIREMENTS:</u> All Bidders Bonds and Performance Bonds must meet the following criteria: The Bond submitted must be from a surety company authorized to do business in Louisiana and with a rating of "A" or better in the most current edition of the A.M. Best Insurance Report. On any Public Work project under Title 38, the agent's power of attorney must be attached to the bond submitted. Should the Surety Company become bankrupt or be removed from the State, the Contractor shall furnish a new bond without cost to the City. All bonds are subject to the approval by the City of Lake Charles.
- 4. <u>DELIVERY DEFAULT:</u> Forfeiture of the successful bidder's cashier's check or certified check could result upon failure to deliver by firm delivery date quoted in bid unless extension of time is approved by the Mayor. If a bid bond is furnished, and the contractor fails to deliver by firm delivery date quoted in bid (unless extension of time is approved by the Mayor), the contractor will make payment in the amount of five percent (5%) of his bid price, within fifteen (15) days after written notice is given. Should it be necessary to file suit for collection thereof, attorney's fees in the amount of twenty-five percent (25%) of the amount of the bid bond shall be due and payable.

I. BID EVALUATION AND AWARD

- <u>GENERAL</u>: The contract will be awarded to the lowest responsible and responsive bidder whose proposal meets the criteria and requirements set forth in the Invitation for Bids, and which is acceptable to the City. The City reserves the right to award items separately, grouped or on an allor-none basis and to reject any or all bids. Each and every bid shall be evaluated based upon the proposed product price, specification, product support, performance characteristics, and suitability, in the opinion of the City to properly perform the tasks required. Final determination based upon previously stated criteria of purchase award, is to be the sole discretion of the Lake Charles City Council.
- 2. <u>BRAND NAMES:</u> In compliance with State of Louisiana Public Bid Law, Act No. 803, Section 2212.1(C), it is understood that if in the specifications, the name of a certain brand, make manufacturer, or definite specification is utilized, that these are used only to set forth and convey to prospective bidders the general style, type, character, and quality standard of product desired. Use of the aforementioned name or names does not restrict bidders to a specific brand, make, manufacturer or trade-mark. Compatible products deemed to be equivalent by the City may be acceptable.

Notwithstanding that the words "or equal", or other such expressions may be used in the specifications in connection with a material, manufactured article or process, the material, article, or process, specifically designated shall be used unless a substitute shall be approved in writing by the Project Engineer or Purchasing Manager as specified herein, and the Project Engineer or Purchasing Manager as of such specifically designated material article or process.

No material which has been used by the Contractor for any temporary purpose whatever is to be incorporated in the permanent structure without written consent of the Project Engineer or Purchasing Manager.

3. SUBSTITUTION OF MATERIAL

Any request for substitution of material or equipment must be received by the Project Engineer or Purchasing Manager in writing no less than seven (7) working days prior to the bid date and his approval secured in accordance with LA. R.S. 38:2295(C), and by addendum. All substitutions submitted shall be on a "turn-key" basis. In other words, any proposed substitutions submitted shall include the cost of any necessary structural, mechanical, electrical, and other changes in the project necessary to substitute the proposed equipment, material, or product, for a complete installation as shown or set up in the proposal.

Material or equipment which differs from that specified in these documents must have the written approval of the Project Engineer or Purchasing Manager. If such substitutions are approved and accepted by the Project Engineer or Purchasing Manager, all necessary changes in the drawings shall be the responsibility of the Contractor and the Contractor will pass all savings on to the Owner.

- 4. <u>STATE PREFERENCE</u>: Preference shall be given in accordance with the prevailing Statutes under Title 38, as follows, unless using Federal Funds for procurement, in which case the following shall not apply.
 - a) Preference is hereby given to materials, supplies, and provisions, produced, manufactured or grown in Louisiana, quality being equal to articles offered by competitors outside of the State.
 - b) In the letting of contracts for public work by any public entity, except contracts financed in whole or in part by contributors or loans from any agency of the United States government, preference shall be given to Louisiana resident contractors over non-resident contractors, in accordance with LA. RS 38:2211 et seq.
 - c) Additionally, public works contracts shall comply with the City of Lake Charles Ordinance No. 7911 whereby no less than eighty percent (80%) of non-management persons employed and fulfilling public works contracts with the City of Lake Charles shall be residents of the State of Louisiana.
- <u>REJECTION OF LOWEST BID</u>: The factors as listed below will be taken into consideration in determining whether a bid item offers the lowest cost throughout its service life, and is in the best interest of the City of Lake Charles:
 - a) Additional purchase of repair/replacement parts for the low bid item as opposed to an existing inventory of parts for a higher bid item.
 - b) Greater service costs for the low bid item.
 - c) Longer service time for the low bid item, which would cause longer down time of the item.
 - d) Proven reliability of the higher bid item.
 - e) Compatibility of the higher bid item with existing equipment.

- 6. <u>DISQUALIFICATION OF LOW BID</u>: When the lowest bid is disqualified, the City will comply with the State of Louisiana Public Bid Law, Section 2212(X), using the following procedures:
 - a) Give written notice of the proposal disqualification to the low bidder and include in such notice the reason(s) for the proposed disqualification, and
 - b) Give the bidder, deemed not responsible, who is proposed to be disqualified, the opportunity to be heard at an informal hearing at which time such bidder is afforded the opportunity to refute the reasons for the disqualification.

7. INSURANCE REQUIREMENTS

Successful Bidder shall submit Insurance Certificate, per Attachment "A", prior to award of contract and/or purchase order.

J. CERTIFICATION OF BIDDER

- 1. In accordance with LSA-R.S. 38:2212, the person signing the bid proposal page must be:
 - a) That of any corporate officer, partnership member or other individual specifically authorized to submit a bid as reflected in the appropriate records on file with the secretary of state; or
 - b) An individual authorized to bind the vendor as reflected by a corporate resolution, certificate or affidavit; or
- 2. It is also understood, that the Authorized Bidder consents to all the terms and conditions of the City of City of Lake Charles Purchasing Rules and Regulations as evidenced by his signature on the bid proposal page.

K. GENERAL GUARANTY

CONTRACTOR AGREES TO:

- Save the City, its agents and employees harmless from liability of any nature or kind for the use of any copyrighted or uncopyrighted composition, secret process patented or unpatented invention, article or appliance furnished or used in the performance of the contract of which the contractor is not the patentee, assignee, or licensee.
- 2. Protect the City against latent defective material or workmanship and to repair or replace any damages or marring occasioned in transit.
- 3. Furnish adequate protection against damage to all work and to repair damages of any kind, to the building or equipment, to his own work or to the work of other contractors, for which he or his workmen or responsible.
- 4. Pay for all permits, licenses and fees and give all notices and comply with all laws, ordinances, rules, and regulations of the City of Lake Charles and the State of Louisiana.
- 5. On Construction projects contractor agrees to:
 - a) Protect the city from loss in case of accident or fire.
 - b) On any bid submitted in the amount of \$50,000 or more, contractor shall certify that he is licensed under the provisions of R.S.37:2163(A) and show his license number on the Bid envelope. Any Bid of \$50,000 or more that does not contain the Contractor's Certification and show the Contractor's License number on the Bid envelope shall be automatically rejected, returned to the Bidder stamped "Rejected" and shall not be read aloud.

c) Successful bidder shall furnish insurance in the amounts and with coverage as required by the City of Lake Charles.

L. OTHER CONTRACTS

The City of Lake Charles may award other Contracts for work or within the rights-of-way for this project, and the Contractor shall cooperate fully with such other Contractor, by scheduling his own work with that to be performed under other contracts as may be directed by the Engineer. The Contractor shall not commit or permit any act which will interfere with the performance of work by any other Contractor as scheduled.

M. UTILITY CONFLICTS

All adjustments and coordination with existing utility services, as needed during the construction of a project, shall be the responsibility of the Contractor and shall not be measured for payment.

The Owner shall not be responsible for delay or inconvenience to the Contractor in carrying out the work resulting from the existence, removal, or adjustment of any public utility. Additional costs incurred as a result thereof shall be the expense of the contractor.

It shall be the responsibility of the Contractor to field verify the location of the existing utilities.

N. COOPERATION WITH PUBLIC UTILITES

Ordinance No. 5828, passed and adopted on August 17, 1977, by the City Council of the City of Lake Charles, Louisiana, and which has been complied with by the City Engineer's office, reads as follows:

"AN ORDINANCE amending Chapter 18 of the Code of Ordinances of the City of Lake Charles, Louisiana by adding thereto Article VI, Section 18-69, pertaining to the moving of utility lines, poles, etc."

BE IT ORDAINED BY THE CITY COUNCIL IF THE CITY OF LAKE CHARLES, LOUISIANA, in regular session convened, that:

"ARTICLE VI. MOVING OF UTILITY LINES, POLES, ETC."

"Whenever the City of Lake Charles enters into a contract for the construction, alteration or repair of any public works, the City Engineer of the City of Lake Charles, Louisiana, shall, before the issuance of any work order and before the commencement of any work, give notice of such contract in writing, accompanied by a plat or diagram showing the location of the proposed work, to all utility, communication and public service companies, and all such agencies and boards who furnish any utility, gas, water, electrical, communication, sewerage, of drainage services which may have poles or underground pipes, cables, or any other installation which may be within the right-of-way where the public work is to be constructed, altered, or repaired."

"Said written notice shall require the person, partnership, corporation, board or agency so notified to furnish to the City of Lake Charles within a period of thirty (30) days after receipt of notice, unless the time is extended by the City Engineer of the City of Lake Charles, a diagram or plat showing the location of such utility installation on or under the right-of-way, a copy of which shall be furnished by the City of Lake Charles to the contractor before the commencement of such work."

After receipt of such diagram or plat, the City Engineer shall notify the person, partnership, corporation, board or agency of the necessity for relocation of its facilities to another location within the right-of-way. The City Engineer shall coordinate the relocation of all installations within the work project by all utilities, and after being apprised by each affected utility as to the size, scope, expense and time requirement of its relocation, shall set a reasonable time before commencement of the work or a reasonable time schedule during the progress of the work after commencement for the moving or relocation of such installations. If a time schedule is adopted by the City Engineer, the contractor shall have the continuing obligation to notify each utility of its work progress and necessity for relocation of installations within the time schedule as work progresses under the contract."

"When required to uncover, adjust, move or relocate its installation, each such utility, communication and public service companies, and all such agencies and boards who furnish any utility, shall restore all areas so disturbed in accordance with the specifications with the City Engineer."

"Where a plat is timely furnished each such utility, communication and public service companies, and all such agencies and boards who furnish any utility, gas, water, electrical, communication sewerage or drainage services shall be obligated to verify the location of its installation shown thereon or to physically locate and uncover its installation within the specified time or failure to relocate or move its installation within the time or time schedule specified by the City Engineer shall result in the imposition of a fine of \$100.00 per day for each day for each installation for which such dereliction continues."

The Contractor shall have the continuing obligation to immediately notify the City Engineer of any such affected utility, communication and public service companies, and all such agencies and boards, who furnish any utility, gas, water, electrical, communication, sewerage, or drainage services of any installation within the contractor's knowledge that conflicts with the conduct of its work under the Contract."

It shall be the responsibility of the Contractor to notify all public utilities or other interested parties prior to commencement of the work.

The owner shall not be responsible for any delay or inconvenience to the Contractor in carrying out the work resulting from the existence, removal, or adjustment or any public utility. Additional costs incurred as a result thereof shall be the expense of the Contractor.

O. SMALL BUSINESS OPPORTUNITY PROGRAM POLICY STATEMENT

It is the policy of the City of Lake Charles to practice nondiscrimination based on race, color, sex, or national origin in the award or performance of this contract. The City of Lake Charles has established a Small Business Opportunity Program (SBOP) in accordance with 49 CFR Part 26. It is the policy of the City of Lake Charles to ensure that Small Business Enterprises and/or Disadvantaged Small Business Enterprises as defined in Sec. 2-28 (h) of the City of Lake Charles Code of Ordinances, have an equal opportunity to receive and participate in City of Lake Charles contracts. In administering its SBOP program, the City of Lake Charles will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the SBOP program with respect to individuals of a particular race, color, sex, or national origin. A list of contractors who are recognized by the City of Lake Charles as small and/or disadvantaged small business enterprises can be found at <u>www.cityoflakecharles.com</u> under the Business tab.

P. DISADVANTAGED BUSINESS ENTERPRISE PROGRAM POLICY STATEMENT

In February 1999, the U.S. Department of Transportation (DOT) issued new Disadvantaged Business Enterprise (DBE) regulations, Title 49 of the Code of Federal Regulations, (CFR) Part 26, to provide uniform requirements from the DOT. The State of Louisiana has developed a Unified Certification Program plan containing the definitions, requirements, process, and forms which is used by qualifying agencies to certify businesses wishing to become a Disadvantaged Business Enterprise (DBE). This information can be found at http://www8.dotd.la.gov/ucp/. It is the policy of the City of Lake Charles to practice nondiscrimination based on race, color, sex, or national origin in the award or performance of this contract. The City of Lake Charles has established a Disadvantage Business Enterprise (DBE) program in accordance with 49 CFR Part 26. It is the policy of the City of Lake Charles to ensure that DBEs as defined in Part 26, have an equal opportunity to receive and participate in City of Lake Charles contracts. In administering its DBE program, the City of Lake Charles will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the DBE program with respect to individuals of a particular race, color, sex, or national origin. A list of contractors who are recognized by the City of Lake Charles as DBEs can be found at www.cityoflakecharles.com under the Business tab.

Q. SPECIAL ACCOMMODATION

Any "qualified individual with a disability" as defined by the Americans with Disabilities Act who has submitted a bid and desires to attend the bid opening, must notify the Purchasing Division in writing not later than seven (7) working days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed before the bid opening.

R. EQUAL OPPORTUNITY

By submitting and signing this bid, bidder agrees that he will not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, disability, veteran status, or any other non-merit factor.

S. CONFLICT OF INTEREST POLICY

To avoid any possible conflicts of interest, it is the policy of the City of Lake Charles that no direct or indirect purchases of any product, good or service will be made from employees. Accordingly, if you have received this bid or quote package, and if you are an employee of the City of Lake Charles, or if any member of your company is a City of Lake Charles employee, please do not submit a bid or quote for the product, good, or service requested because we cannot, nor will we accept the bid or quote. This statement constitutes official notification of the City of Lake Charles conflict of interest policy, and thus, establishes the requirement that the individual or company in receipt of this request for bid or quote is <u>solely responsible</u> for notifying the City of Lake Charles that a conflict of interest exists. You may contact the Purchasing Manager at (337) 491-1263.

T. APPLICABLE LAW

All purchases shall be made with the issuance of a purchase order from the Central Purchasing Division and in accordance with all applicable State Purchasing Laws. All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.

U. CONTRACT CANCELLATION

- a) It is understood that the City upon thirty (30) days written notice and justification may cancel any contract awarded whenever the City determines that such termination is in the best interest of the public. Consideration will be given to conditions due to circumstances beyond the control of the vendor. Vendor shall have the right to cancel subject to City approval upon thirty (30) days written notice and justification. In the event of any actual contract cancellation, the City shall not be responsible for loss of business or any termination expenses incurred by the vendor.
- b) Failure of the Supplier's product to meet the specified standard of quality or for unsatisfactory delivery time may result in termination of the contract.

V. BID TABULATIONS

Bid tabulations may be viewed on the City's website, <u>www.cityoflakecharles.com</u>, under the Business tab.

W. QUESTIONS ABOUT BID

Any questions pertaining to this bid proposal shall be directed in writing via email to Alecia Comeaux, Purchasing Manager, no less than seven (7) working days prior to bid opening date.

Contact information is as follows:

Alecia Comeaux P.O. Box 900 Lake Charles, LA 70602 (337) 491-1263 Phone (337) 491-1405 Fax acomeaux@cityoflc.us

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head.
Section 10.0 Occupational License Procedures

CITY OF LAKE CHARLES

326 Pujo StreetLake Charles, LA 70601DEPARTMENT OF FINANCE(337) 491-1250 • Fax (337) 491-8619ACCOUNTING DIVISION

CITY OF LAKE CHARLES OCCUPATIONAL LICENSE PROCEDURES

1. Fill out the Building & Land Survey form in the Occupational License Office on the 6th floor. If an inspection is required, a fee of \$20.00 will be charged by the Permit Center.

NOTE: A LICENSE <u>WILL NOT</u> BE ISSUED UNTIL THE CERTIFICATE OF OCCUPANCY IS COMPLETED.

- 2. When food is involved, you must also obtain a Health Certificate from the Office of Public Health/Environmental Health Office, 3236 Kirkman Street, Phone # (337) 478-6020.
- 3. Contractors must get with the Inspection Department, 7th floor, for building permit regulations.
- 4. Copy of lease/rental agreement (if applicable).
- 5. Articles of Incorporation (if applicable), Organization or Partnership, with proof the organization is registered with the Louisiana Secretary of State.
- 6. After completing the Certificate of Occupancy (use instructions given by Permit Center) <u>bring copies of the Certificate, Tax Registration Certificate application & Occupational License application</u> back to the Occupational License Office. Upon receiving all completed and/or requested documents a license will be issued. The minimum fee for a license is \$50.00 until July 1st, thereafter \$25.00 until the end of the year.
- 7. Contact the State Taxing Authorities at the address listed below. The City of Lake Charles Occupational License Office will provide you with an application for the City/Parish Tax Department and will send it to the appropriate office.
- 8. Driver's license copy, of highest ranking officer, owner and/or applicant.

Should you have any questions concerning the above, please call (337) 491-1442.

City/Parish Sales Tax Office 2439 6th Street Lake Charles, LA 70601 Phone: (337) 217-4280 www.parishefile.com State Sales Tax Office Phone: (855) 307-3893 Phone: (225) 219-7462 www.revenue.louisiana.gov

FOR FURTHER INFORMATION REGARDING YOUR BUSINESS CODE OF ORDINANCES FOR THE CITY OF LAKE CHARLES, PLEASE VISIT THE WEBSITE <u>WWW.MUNICODE.COM.</u>

Section 10.1 Application for and/or Request for Occupational License Tax

The APPLICATION

CITY OF LAKE CH DEPARTMENT OF P.O. Box 3706, Lai	FINANCE (33					F	OR OFF	FICE USE ONLY Beer: Liq: Re:
1. DATE OF APPLIC MONTH:	DAY:		YEAR:	CONTROL #	ŧ		LICEN	
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				-			3. EIS 4. CLA	SS
5. Federal Employee		IONE	6. Louisiana Sale	es Tax Numbe	r 7. 1 NONE	. City	of Lake	Charles Sales Tax Number
8. A. Taxpayer Mailir				L		B	. Date o	
C. Address								
D. City:		S	State:	Zip:			Phone	:
9. A. Taxpayer Trade	e Name:							
B. Business Locat	ion Address:							
C. City:		5	State:	Zip:			D. Pari	sh:
E. Is business loca	ated within city o	f corpora	ate limits? [] Y	es []No			F. Pho	ne:
10. A. True Name (leg	gal):							
B. Trade Name:								
C. Name Continua	ation:							
D. Name Continua	ation:							
E. Address:								
F. City:		S	State:	Zip:			G. Pari	ish:
11. If Corporation or Partnership -	Name:		Titl	e:				
Name, title and SSN of Officers or Partners	Name: Title			le:	Social Security		curity	
	Name:	Name: Tit		le:		Number		
12. If Sole Owner (Ind	lividual) Name ai	al) Name and SSN:						
13. Type of Organizat					-	-		ntal E. [] Non-Profit F. [] Other erprise [] Small Business Enterprise
14. Ending month of A			15. Name and					
16. Location of Accou [] 8. [] 9.			ained – Check as n	oted above (If	other, Show S	Stree	t Addres	ss, City and State)
17. If Corporation, sta			3. Reason A.	[] Started N	ew Business			
	·	fo		[] Purchase [] Other (Sp		iess -	Name	of Previous Owner:
19. Date started/acqu	ired business		ve you ever registe					his one, how many other business
Month Day	Year	Sta	te for Louisiana as [] Yes [a Foreign Cor] No	p?	loca	tions do	you have in Lake Charles?
22. Nature of	Trade			•	•			
Business	Manufacturing	I						
	Mining							
	Other							
	Governmental							
	Non-Profit				Γ			
23. Driver's License N		-			Phone Num	ber o	f Primar	y Owner:
I affirm that the inform	ation on this app	Dication	and attached sche	dules is true a	nd correct.			
Signatu	re			Title				
The City operates without r	egard to race, color, Title VI/Americans wit	national o h Disabiliti	origin, income, gender, a es Act may by him/herse	age, and disability. If or by representa	Any person who tive file a written o	o believ compla	ves him/he int with the	cutive orders, and regulations in all programs and activities. erself or any specific class of persons, to be subjected to e City of Lake Charles. The City's Title VI Coordinator/ADA Head.

Section 10.2 Building and Land Use Survey Form for Occupational License

The FORM

CITY OF LAKE CHARLES BUILDING AND LAND USE SURVEY FORM FOR OCCUPATIONAL LICENSE

Own	ers Name: Phone Number:
Nam	e of Business: Proposed Use:
Loca	tion: Previous Use:
1. [] New Building/Business – Need Application for Certificate of Occupancy. Send to The Permit Center.
2. [] Existing Building – Same Use (change of occupant/ownership only) – Building vacant six months or less.
[] Existing Building – Same Use (change of occupant/ownership only) – Building vacant six months to one year. Call Zoning Office for approval, then issue Occupational License. Zoning: [] Approved [] Rejected – Send applicant to Zoning Office
[] Existing Building – Same Use (change of occupant/ownership only) – Building vacant for more than one year. Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
3. [] Existing Building – Change of Use: Proposed Use Previous Use Previous Use Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
4. [Home Occupation [] Home Business Send to Zoning Office for approval. [] Rejected [] Approved pursuant to adherence of Sec. 5-207 of Zoning Ordinance (issued to applicant).
USE	D OR CLASSIFICATION
[] Assembly – Occupancy exceeds 100 persons. Churches, Restaurants, Auditoriums, etc.
[] Business – Office Buildings, Beauty Shops, Service Stations, Nurseries, Banks, Vocational Schools, Doctor Offices, Restaurants, etc.
[] Educational – Classrooms
[] Factory/Industrial – Factory, Assembly Plant, Mill, etc.
[] Institutional – Hospital, Nursing Home, etc.

[] Mercantile – Retail Sales, Drug Store, Department Store, etc.

Applicant/Owner agrees the above information is correct and to conform to all applicable laws of the City of Lake Charles. Applicant further agrees to stay in strict compliance with the adopted Zoning Ordinance and Building Code of the City.

Date			Applicant/Owner	
	FOR TAX OFF	FICE USE ONLY		
Type of Business to be Conducted:				
[] Retail Store	[] Itinerant Vend	dor	[] Repair FPB*	
[] Restaurant/Café	[] Home Occup	ation	[] Parking Lot	
[] Service/Repair - Mobile	[] Home Busine	ess	[] Lounge	
[] Contractor	[] Wholesaler		[] Other:	
Are alcoholic beverages going to be sold?				
For consumption on premises		Package Sales Onl	У	
Licenses Applicable (class description)				
Permits Applicable (class description)		_		
Sales Tax Registration No.				
Fees to be collected \$				
Determined By:		Date:		
Is this: [] New Business [] C *FPB – Fixed Place of Business	hange of Ownership	[] Change of Location		

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head. Section 10.3 Calcasieu Parish Sales and Use Tax Department Application for Registration

The FORM

_		separate application is required for each	location
OL		L THAT APPLY: Sales Tax Ho	
	Reason for applying:		
	A. Started new business	B. D Purchased ongoing bus	siness.
	C. Opening additional location		ner :
	D. [] Merger	-	us owner
	and		er
	E. 🗌 Change of name	F. D Other	
2.	A. LA Sales Tax Number	Ар	plied For 🔲 None
	B. Federal Identification Number	🛛 Ap	plied For 🗌 None
	C. US NAICS code	US NAICS code description	
	D. How many other locations in this Paris A. Legal name(s): Individual, partners, o		
	B. Trade name of business		
4.	A. Business location address	B. Citv and state	9
	(Street, route, or highway – NOT P. O.		
	C. Zip D. Telephone (in LA
5	A. Address for receiving tax forms and co	rrespondence (if same as location, write	e "Same"
		City/State	Zip
6.	A. Contact Person	B. Contact phone	
	C. Fax number D. E-		E. VVED
7	F. Location of accounting records Type of organization A. [] Individual		
	F. Governmental G. Non-profit	H. 🗌 Other	
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n	H. Other Tele	SSN: ephone ()
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address	H. Other Tele	SSN: ephone ()
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m	H. Other Tele name, title, Social security number, home nanagers, or partners:	SSN: ephone () e address, and
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m	H. OtherTele name, title, Social security number, home nanagers, or partners: Title	SSN: ephone () e address, and SSN
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name	H. OtherTele name, title, Social security number, home nanagers, or partners: Title City State Zip Title	SSN: ephone () e address, and SSN Phone Number SSN
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address	H. OtherTele name, title, Social security number, home nanagers, or partners: Title City State Zip	SSN: ephone () e address, and SSN Phone Number
8. 9.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name	H. OtherTele name, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip	SSN: ephone () e address, and SSN Phone Number SSN Phone Number
8. 9. 10.	F. Governmental G. Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address . Agent for service: Name, physical addres	H. Other Tele Tame, title, Social security number, home hanagers, or partners: Title City State Zip Title City State Zip Ss and phone #:	SSN: ephone () e address, and SSN Phone Number SSN Phone Number
 8. 9. 10. 11. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address . Agent for service: Name, physical addres . First date sales will be made from this loc	H. OtherTele hame, title, Social security number, home hanagers, or partners: Title City State Zip Title City State Zip ss and phone #:	SSN: ephone () e address, and SSN Phone Number SSN Phone Number
 8. 9. 10. 11. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Address Name Address Address Address . Agent for service: Name, physical addres . First date sales will be made from this loc . A. Nature of Business ☐ Retail Sales	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service □Retail Service	SSN: ephone () e address, and SSN Phone Number SSN Phone Number
 8. 9. 10. 11. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Address Addres	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service □Retail Service ontractor □ Other	SSN: ephone () e address, and SSN Phone Number SSN Phone Number perations
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8. 9. 10. 11. 12.	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address Name Address . Agent for service: Name, physical addres . First date sales will be made from this loc . A. Nature of Business ☐ Retail Sales ☐ Manufacturing/Fabricating ☐ Co B. Describe in detail your business: typ . Requested Reporting Status: ☐ Monthly	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service	SSN:
8. 9. 10. 11. 12.	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address Name Address . Agent for service: Name, physical addres . First date sales will be made from this loc A. Nature of Business ☐ Retail Sales ☐ Manufacturing/Fabricating ☐ Co B. Describe in detail your business: typ . Requested Reporting Status: ☐ Monthly Reporting frequency and filing status will	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfo g Quarterly Occasional/Irregular be determined by the Administrator accordin	SSN:
8. 9. 10. 11. 12.	 F. □ Governmental G. □ Non-profit If sole owner (individual): Name	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service	SSN:
 8. 9. 10. 11. 12. 13. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address Name Address . Agent for service: Name, physical addres . First date sales will be made from this loc A. Nature of Business ☐ Retail Sales ☐ Manufacturing/Fabricating ☐ Co B. Describe in detail your business: typ . Requested Reporting Status: ☐ Monthly Reporting frequency and filing status will i within the parish will automatically be regiss (1) that do not have a location within the perform services that are not taxable.	H. OtherTele hame, title, Social security number, home hamagers, or partners: Title City State Zip Title City State Zip ss and phone #: cationstarted o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfor y Quarterly Occasional/Irregular be determined by the Administrator accordin tered to file on a monthly basis. Occasional/ parish and do not intend on doing business	SSN:
 8. 9. 10. 11. 12. 13. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address . Agent for service: Name, physical addres . Agent for service: Name, physical addres . First date sales will be made from this loc A. Nature of Business ☐ Retail Sales ☐ Manufacturing/Fabricating ☐ Co B. Describe in detail your business: typ . Requested Reporting Status: ☐ Monthly Reporting frequency and filing status will i within the parish will automatically be regiss (1) that do not have a location within the perform services that are not taxable.	H. OtherTele hame, title, Social security number, home hamagers, or partners: Title City State Zip Title City State Zip ss and phone #: cationstarted o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfor y Quarterly Occasional/Irregular be determined by the Administrator accordin tered to file on a monthly basis. Occasional/ parish and do not intend on doing business	SSN:
 8. 9. 10. 11. 12. 13. 14. 	F. □ Governmental G. □ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Address Name Address Name Address Address Agent for service: Name, physical addrest First date sales will be made from this loc A. Nature of Business □ Retail Sales □ Manufacturing/Fabricating □ Co B. Describe in detail your business: typ Requested Reporting Status: □ Monthly Reporting frequency and filing status will within the parish will automatically be regist (1) that do not have a location within the perform services that are not taxable. Where do you anticipate your taxable trant □ Parish Wide □ State Wide □	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfo y Quarterly Occasional/Irregular be determined by the Administrator accordin tered to file on a monthly basis. Occasional/ parish and do not intend on doing business nsactions to occur? Check box(s): Other	SSN:
 8. 9. 10. 11. 12. 13. 14. 	F. ☐ Governmental G. ☐ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Name Address Name Address Name Address . Agent for service: Name, physical addres . First date sales will be made from this loc A. Nature of Business ☐ Retail Sales ☐ Manufacturing/Fabricating ☐ Co B. Describe in detail your business: typ . Requested Reporting Status: ☐ Monthly Reporting frequency and filing status will I within the parish will automatically be regisis (1) that do not have a location within the perform services that are not taxable. . Where do you anticipate your taxable trail	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfo y Quarterly Occasional/Irregular be determined by the Administrator accordin tered to file on a monthly basis. Occasional/ parish and do not intend on doing business nsactions to occur? Check box(s): Other	SSN:
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 8. 9. 10. 11. 12. 13. 14. 	F. □ Governmental G. □ Non-profit If sole owner (individual): Name Home address If Corporation, LLC, LLP, or Partnership: n telephone number of officers, members, m Address Name Address Name Address Address Agent for service: Name, physical addrest First date sales will be made from this loc A. Nature of Business □ Retail Sales □ Manufacturing/Fabricating □ Co B. Describe in detail your business: typ Requested Reporting Status: □ Monthly Reporting frequency and filing status will within the parish will automatically be regist (1) that do not have a location within the perform services that are not taxable. Where do you anticipate your taxable trant □ Parish Wide □ State Wide □	H. OtherTele Tame, title, Social security number, home nanagers, or partners: Title City State Zip Title City State Zip ss and phone #:started o Repair Service Retail Service ontractor Other pe of sales, activity, or service you perfo y Quarterly Occasional/Irregular be determined by the Administrator accordin tered to file on a monthly basis. Occasional/ parish and do not intend on doing business nsactions to occur? Check box(s): Other	SSN:

Instructions Sales Tax Registration Application for Calcasieu Parish

Please review these instructions carefully. Failure to complete ALL applicable lines will delay the processing of this application, the assigning of your tax number, and the issuance of the applicable certificate. Please type or use only a black or blue ink pen to fill out this form.

Who must file - Each person pursuing any trade, profession, vocation, calling, or business should complete this form. Each person is required to keep reasonable records. Separate records are required for each place of business. For assistance call (337) 217-4280 or see the FAQ section on our website.

Sales and use tax - Any individual firm, corporation, trust, co-partnership, joint venture, association, this state, city or parish, municipality, district, or other political subdivision thereof, is required to file and remit appropriate sales taxes by the twentieth (20th) day following the close of each reporting period for any of the following transactions that are taxable under the Sales and Use Tax statutes:

- The sale of tangible personal property at retail in this state; 1
- The use, consumption, distribution, or storage for use or consumption, in this 2 state of any tangible personal property;
- The lease or rental within this state of any item or article of tangible personal 3. property;
- 4. The sale of services as defined in the statutes. These services include the furnishing of rooms by hotels; the sale of admissions to places of amusement and to athletic and recreational events, and the furnishing of the privilege of access to amusement, entertainment, athletic, or recreational facilities and buying clubs, the furnishing of storage or parking privileges by auto hotels and parking lots; the furnishing of printing or overprinting; the furnishing of laundry cleaning, pressing, and dyeing services; the furnishing of cold storage space and the preparation of property for such storage; and, the furnishing of repairs to tangible personal property.

Any person who leases or rents tangible personal property in the parish, who furnishes services taxable under the statute or ordinances, who holds property in the parish for resale, who maintains a business location in the parish, or who solicits orders, or otherwise operates in the parish through full-time or part-time resident or nonresident salesmen or agents, is required to obtain a sales tax certificate, collect the proper taxes from customers, and file returns with the Calcasieu Parish Sales and Use Tax Department. For local sales tax purposes only, retail transactions are taxable. Therefore, a resale certificate should be used on wholesale purchases.

A person who purchases, imports, or receives property and services subject to tax, or who is the lessee or rentee of tangible personal property on which the proper taxes were not collected by vendors, is himself liable for the payment of taxes directly to the Calcasieu Parish Sales and Use Tax Department. All new sales and use tax accounts are registered to file on a monthly basis unless otherwise determined.

Tax office location:	2439 6 th Street
	Lake Charles, LA 70601

Regular Office hours: 8:00am - 4:30pm Summer Office hours: 8:00am - 4:00pm (June through August)

- 1 Reason for applying Self-explanatory. A.
 - If buying an existing business, have you received verification from the Β. taxing authority that all tax liabilities have been paid? (LA R.S. 47:308 - see below).
 - C. Self-explanatory
 - D. List all the business names that created the merger.
 - E. Self-explanatory
 - F. Indicate if this is a change in business structure or if acquired by gift, trust, etc.
- A.-B. Self-explanatory. 2

4

- US NAICS Code United States North American Industry C. Classification System (NAICS) code is required on all applications. Your business code may be selected based upon the description of your primary business at this website: www.naics.com. If you have a Federal Employer ID number (FEIN), a NAICS code may have been assigned and may be found on the tax return under "Business Code."
- D List the number of other business locations in Calcasieu Parish. Each location requires a separate application and account number.
- 3 Α. Legal Name - The person(s) or corporation under whose name this business is to be registered. If corporate, give true corporate name.
 - Β. Trade Name - The name under which this business will operate - the dba name If you have no trade name, leave this line blank.
 - A. B. C. Location Address This address is the street address or other meaningful address, the city, town, or village, and the ZIP Code, in which your business is geographically located, irrespective of where you receive your mail.
 - D Telephone number at the business location.
- If business is located in LA, list the parish where it is located E. 5 A. B. C. Mailing Address - ALL tax returns, permits, and other related
- communications will be mailed to this address. 6.
 - Α. The name of the person responsible for the sales tax return.
 - Telephone number of the person responsible for the sales tax return. Β.
 - C. The fax number at the mailing address.
 - D The e-mail address of the person responsible for the sales tax return.
 - E The web address of the company.
 - Where the accounting records are kept. F. Type of organization, mark only one.
- 7. A.-E. Self-explanatory.
 - Indicate on line provided if parish, school district, or related entity such F. as hospital or library.
 - Non-profit generally must conform to Federal IRS regulations for G. determining a nonprofit organization. Indicate on line provided if organized for religious, scientific, humane, fraternal, or other purpose.
 - Н If not A through G, mark this box.
- 8 Self-explanatory.
- Self-explanatory. 9.
- The person responsible for accepting notices on behalf of the legal entity that 10. apply to due process requirements.
- Indicate date that first sales will be made from this location. 11. Α
- Β. Indicate date the business stared.
- 12. Α Choose one
- Describe the kind of business to be carried on at this location Β.
- 13 Check the filing frequency you are requesting.
- Self-explanatory. 14.

Note: You must sign and date your application. If your application was prepared by someone else, he must also sign in the appropriate space. Mail the application to P.O. Drawer 2050, Lake Charles, LA 70602-2050.

§ 308. Termination or transfer of business Current through all 2001 Regular and Second Extraordinary Session Acts

A. If any dealer liable for any tax, interest, or penalty levied hereunder sells his business or stock of goods or quits the business; he shall make a final return and payment within fifteen days after the date of selling or guitting the business. His successor, successors, or assigns, if any, shall withhold sufficient of the purchase money to cover the amount of such taxes, interest, and penalties due and unpaid until such time as the former owner shall produce a receipt from the secretary showing that they have been paid, or a certificate

stating that no taxes, interest, or penalties are due. If the purchaser of a business or stock of goods fails to withhold purchase money as above provided, he shall be personally liable for the payment of the taxes, interest, and penalties accrued and unpaid on account of the operation of the business by any former owner, owners, or assigns.

B. In the case of a dealer who has quit a business, and who subsequently opens another similar business under the same ownership, whether that ownership is individual, partnership, corporation, or other, that dealer shall be liable for any tax, interest, or penalty owed by the original business.

Section 11.0 Alcohol Permit Procedures

The FORM

CITY OF LAKE CHARLES REQUIREMENTS FOR ALCOHOLIC BEVERAGE PERMITS FINANCE DEPARTMENT/ACCOUNTING DIVISION OCCUPATIONAL LICENSE OFFICE P.O. BOX 3706 LAKE CHARLES, LA 70602-3706 PHONE # (337) 491-1442 FAX # (337) 491-8619

1. Completed Certificate of Occupancy.

2. Completed Occupational License.

3. Completed Sales Tax Application to be returned to Occupational License Office.

4. State and Local Tax Clearance.

5. Completed and notarized on Beer/Liquor Application.

6. Schedule A completed and notarized on each owner, corporate member and/or manager. Also include photos of each applicant with Schedule A.

- 7. Permit to operate approval application and/or letter from the Calcasieu Parish Health Department. Phone # (337) 480-2550 Location: 721 E. Prien Lake Road.
- 8. Proof newspaper advertisements ran for two consecutive days. Report to the Classified Section, Lake Charles American Press, located at 4900 Highway 90 East. Affidavit with four copies will be provided, two copies for the State Alcohol Beverage Control and two copies for the City of Lake Charles Occupational License Office.
- 9. Fingerprint notice from City Police Department, located at 830 Enterprise Blvd., stating has been fingerprinted. You can call (337) 491-1456 ext. 1233 or 1278 or 1230 for more information. The Police Department should give you a notice showing proof of fingerprinting, if they don't ask for one it is a requirement for your file. The State also requires fingerprinting, get with them for the details.
- 10. Copy of Lease, Rental Agreement or deed.
- 11. Article of Incorporation, Organization or Partnership (if applicable) with proof corporation is registered with Louisiana Secretary of State.
- 12. List of phone numbers where owner/manager can be contacted 24 hours 7 days a week. Alcoholic Beverages Permits are GRANTED OR DENIED pursuant to Chapter 3 of the Code of Ordinance will be furnished to you along with the application needed.
- 13. To register for a state Beer and/or Liquor Permit contact the State Alcoholic Beverage Commission agent, Dan Abdala, Tuesdays or Wednesdays at (337) 491-2028. Baton Rouge numbers are (225) 925-4041 or (225) 925-4049.
- 14. Completed CPSO Inventory/Property Tax Certification Form Contact (337) 491-3680.

IF YOU HAVE ANY QUESTIONS YOU MAY CALL (337) 491-1442

Fees	Alcohol Review Board - \$50.00	Class A Beer - \$75.00
	Waiver of Distance - \$100.00	Class B Beer - \$60.00
	Occupational License - \$50.00	Class A Liquor - \$500.00 (Restaurant & Lounges)
		Class B Liquor - \$500.00 (Packages sales)

Restaurant Endorsement Fee - \$100.00

SHOULD YOUR FIRM CLASSIFY AS A RESTAURANT INTENDING TO HAVE REGULAR SUNDAY SALES, PLEASE ASK FOR A RESTAURANT ENDORSEMENT APPLICATION.

THIS RESTAURANT ENDORSEMENT PERMIT IS VALID FOR FORTY-FIVE (45) DAYS. AFTER WHICH TIME, YOU MUST SUBMIT AN AFFIDAVIT BY SOMEONE QUALIFIED TO CONDUCT AN AUDIT OF YOUR SALES RECORDS WHICH CLEARLY INDICATES AT LEAST 50% OF YOUR TOTAL SALES ARE STRICTLY FROM SALE OF FOOD ITEMS. THE AUDIT PERIOD FOR THIS IS THE FIRST THIRTY (30) CALENDAR DAYS OF OPERATION.

-		S SPACE	Failure to file application for renewal January 1 st or before beginning busine will incur in addition to other penalties the permit fee.	ess if a new business,	City of Lake Charles	
Liquo	or Pe	rmit	_		P.O. Box 3706 Lake Charles, LA 70602	
Beer	Perr	nit				7
D	ATE	ISSUED			OR AND/OR BEER PER	
			LAKE CH	IARLES, LA	, 20	
The u	unde	rsign applies	for (Wholesale) (Saloon) (Packa	ge House)	Liquor Permit Beer Permit	
Endir	ng De	ecember 31, 3	20, to sell alcoholic bevera	ges containing	MORE than six per NOT MORE than si	centum (6%) x per centum (6%)
beve	rage	s is not prohi	, on the premises hereinafter ibited by Federal, State, or loca e, Federal or local governments	al laws, and hereb	y agrees to comply with all I	
NAM	E	Ow	ner's Name		Followed by Trade N	ame
STR	EET	ADDRESS _	Address of pre	mises which business	is located	
ANS	WER	R THE FOLLC	WING QUESTIONS FULLY AN		: (All questions must be answered)	
1.	HAV	/E YOU EVER B	EEN REFUSED A BEER OR LIQUOR	PERMIT?	YES	NO
2.	DID	YOU APPLY FO	OR A BEER OR LIQUOR PERMIT FOR	THE YEAR 20 AT	THIS LOCATION? YES	NO
	lf so	o, what was the n	number of the permit issued for the year	20 Beer	Liquor	
	Doy	you hold or have	you applied for a Liquor Permit?	YES	NO	
	lf so	o, which type of p	ermit held or applied for:	Class A (S	Saloon) Class B (Packag	e House)
3.			OF THE BUSINESS COVERED BY TH R IS PROHIBITED BY LOCAL LAWS (N			NO
	lf so Give	o, will such beer a e approximate di	and/or liquor be sold and dispensed onl stance of location from church	y by a druggist as a me public library	dicine on a licensed physician's pre- public playground	scriptions? or school
4.	PER	RSONNEL OF B	USINESS			
	a)	Is your busines	s to be conducted by a manager or age	nt? If ans	wer is "yes", give name and address	
			(Schedule A duly exe	cuted must be submitte	ed for said manager or agent)	
	b)	ls your busines partnership or o	s individually owned, a partnership or co corporation, give names, addresses, and	orporation (state which)	? ss owned by each partner or stockho	If a
			<u>ME</u>		DRESS	<u>% EQUITY</u>
	Sen	arate Schedule A	must be executed and attached covering	each nartner and stockho	older of a corporation owning in excess	of 5% of business

(ALL QUESTIONS MUST BE ANSWERED)

b)	Residence address?			
C)	Date and place of birth?			
d)	Sex Race	Social Security Nur	nber	
e)	Are you a citizen of the United States and the State of Louisiana and	over 21 years of age?		
	How did you become a citizen?			
	Have you resided in the State of Louisiana continuously for a period on ext preceding the date of filing this application?	f not less than two (2) years	YES	NO
f)	Have you ever been convicted of a felony under the law of the United Louisiana, or any other state?	States, the State of	YES	NO
g)	Have you ever been convicted in this or in any other state or by the U prostitution, pandering, letting premises for prostitutes, contributing to juveniles, keeping a disorderly place, letting a disorderly place, or deal	the delinquency of	YES	NO
h)	Have you had a license or permit to sell or deal in alcoholic beverage: States or any other state revoked within five (5) years to this application		YES	NO
	Have you been convicted or had judgment against you involving alcolor or any other state or the United States within five (5) years prior to the		YES	NO
i)	Have you ever been convicted of violating any of the provisions of the	Beer Act?	YES	NO
j)	Are you the owner of the premises, or do you hold a bona fide written	lease?	YES	NO
	Describe what part of building is to be occupied by business.			
k)	If your answer to Question 2 on page 1 is "no", paste in the space two (2) notices of advertisements which appeared in your local newspaper.			
I)	Have you ever used any other name other than the one given herein? YES NO If so, give details below:			
	NAME	PLACE USED		DATE
I	S AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NC swear (or affirm) that I have read each of the questions in this applicat best of my knowledge.		-	e true and correct
n to be	fore me this day of 20			
		State whet	Signature of Appl ther individual ow officer of corpora	ner, member of
gnatur	e and title of person administering oath) LIQUOR PERMIT		0	

Any mistreatment or concealment of fact in an application shall be grounds for Suspension or revocation by the City Council of the permit issued thereunder.

SCHEDULE "A"

Where a manager or agent is employed this schedule must be executed by that person, and by each member of the partnership or stockholder of corporation owning more than five per centum (5%) of capital stock of corporation, which makes application for permit as provided for by Chapter 1 and 2, Title 26, of the Louisiana Revised Statutes of 1950 as amended.

			This schedule "A" Sub	This schedule "A" Submitted for Application of:			
To:	СІТ	Y OF LAKE CHARLES	OWNER - NAME OF INDIVIDUAL, NAME OF PARTNER, OR CORPORATION				
		CUPATIONAL LICENSE DIVISIO 0. BOX 3706	N TRADE NAME OF BUSINESS				
		KE CHARLES, LA 70602	TOWN OR CITY	TYPE OF PERN HELD BY THIS			
	a) V	/hat is your name?	Your Social Sec	urity Number			
	b) F	esidence address?					
	c) [ate of birth?	Place of birth?				
	d) S	ex	Race				
	е) д Ү		e State of Louisiana? S NO	Are you over ' YES N	18 years of ag	je?	
	f) ⊢	ow did you become a citizen?					
		ave you resided in the State of Louisiana continuou ext preceding the date of filing this application?	sly f ^o r a period of not less than two (2) years	YES	NO		
		ave you ever been convicted of a felony under t ouisiana or any other state?	the laws of the United States, the State of	YES	NO		
	lf	"yes", a proof of pardon and restoration of citizensh	ip must be submitted with this application.				
	s d	ave you ever been convicted in this state or in a bliciting for prostitution, pandering, letting pren elinquency of juveniles, keeping a disorderly plac arcotics?	nises for prostitution, contributing to the	YES	NO		
		ave you been convicted or had judgment against yo r any other state or the United States within one (1)		YES	NO		
		ave you ever been convicted for violating any of t is State?	he provisions of the Liquor or Beer Laws of	YES	NO		
r	n) A	re you married? YES NO	If "yes", is spouse eligible for permit?	YES	NO		
I	n) H	as your spouse ever been denied or had revoked a	n alcoholic beverage permit?	YES	NO		
1	o) H	ave you ever used any other name than the one giv	ven herein? YES NO If so, give	details below:			
		NAME	PLACE USED		DA	TE	
I		ave you or your spouse had any interest in an est pove captioned business? YES NO				ation of the	
PERM	<u>IT NO.</u>	TRADE NAME	ADDRESS		<u>KIND OF</u> INTEREST	% EQUITY	
			AFFIDAVIT				
		THIS AFFIDAVIT MUST BE EXECU	ITED BY APPLICANT BEFORE A NO	OTARY PUB	LIC		
of my k interest	nowled in any	affirm) that I have read each of the questions in this ge, that I meet the qualifications and conditions a establishment holding a beer permit other than the ood that any misstatement or suppression of fact in	as provided in La. R.S. 26:79 and 279; and I type required for the operation of the above ca	further swear (optioned busines	(or affirm) tha ss.		
Sworn	to be	fore me this day of	20 SIGNED:				
		(SIGNATURE AND TITLE OF PERSON ADMI	NISTERING OATH)				
		-					

2	CITY OF LAKE CHARLES
	Application for:
	Restaurant Endorsement Permit
	Temporary Restaurant Endorsement Permit
Applicant's Full Name:	
Mailing Address:	
City:	
State:	Zip Code:
BUSINESS NAME:	
LOCATION:	
Current Beer/Liquor Permit Num	
1. Are you operating a bona f equipped kitchen facilities and	fide restaurant having full and properly YES NO
BRIEFLY DESCRIBE NATURE OF BU	SINESS AND INDICATE NUMBER OF EMPLOYEES:
2. Has the establishment met all the City of Lake Charles?	Health and Safety Codes and Regulations in force and in effect with
YES NO ATT	ACH A COPY OF THE CURRENT CERTIFICATE ISSUED BY THE CALCASIEU ISH HEALTH UNIT.
3. Are fifty percent (50%) of appli	icant's sales attributed to the sale of food?
YES NO BUS	ACH AFFIDAVIT FROM ONE (1) QUALIFIED IN CONDUCTING AN AUDIT OF INESS ESTABLISHMENT SHOWING THAT FIFTY PERCENT (50%) OF SALES THE PRECEEDING PERIOD, NOT TO EXCEED SIX (6) MONTHS, WERE M THE SALES OF FOOD.

If applying for TEMPORARY Permit, the above cited affidavit shall be transmitted to the City of Lake Charles License and Permit Office within forty-five (45) days of commencing operations and shall be based on the first month of sales.

4. Do you agree to abide by all rules and regulations pursuant to the issuance of said permit and to furnish any information so requested by the Mayor or his designee relative to the Restaurant Endorsement Permit? YES _____ NO ____

Signature of Applicant

STATE OF LOUISIANA

Parish of Calcasieu

On this ______ day of ______, 20 ____, before me personally

appeared ______, who deposes that he/she is the applicant who

signed the forgoing application, and all of the information given in the application is true and correct.

Notary Public

CALCASIEU PARISH SHERIFF'S OFFICE TONY MANCUSO, SHERIFF

Tax Collector Division P. O. Box 1787 1011 Lakeshore Dr. Ste. 100 Lake Charles, Louisiana 70602 Phone: (337) 491-3680 Fax: (337) 721-1517 or (337) 433-3820

INVENTORY/PROPERTY TAX CERTIFICATION FORM

The signing and dating of this form below certifies that the individual or business as described herein **owes no back inventory/property taxes** to the Calcasieu Parish Sheriff's Office.

Please print the followin	g requested information:	
Owner's name:		
Owner's Address:		
Business Name:		
Business Mailing Addr	ess:	
Business Phone No.:		
Business Physical Add	ress:	
Арј	olicant's Signature:	

On the ______ day of ______, 20___, Deputy ______ checked CPSO records and found no information that indicated the above person or business is delinquent in the payment of either inventory or property taxes. It is important to remember, that the search was done based on the information provided. If the information above is incorrect or insufficient, taxes may still be owed.

Deputy _____