



VENDOR APPLICATION

***Instructions:** Please complete all sections of the form below. Businesses will be randomly visited based on the criteria mentioned in the introduction letter.*

Upload your completed form to;

<https://unioncityga.portal.iworq.net/portalhome/unioncityga>

Please make your payment online when submitting your application

https://unioncityga.governmentwindow.com/payer_login.html

Business Name: _____

Address: _____

Owner/ Manager Direct Contact Person: _____

Business Phone #: _____ Cell Phone #: _____

Email: _____

Business Type:

- Hotel/ Accommodations
- Restaurant/Catering
- Business Services (i.e. dry cleaners, building materials etc.)
- Entrainment/Media Services (i.e. audio, video, printing, talent scout etc.)
- Personal Services (i.e. medical, hair salon, clothing etc.)
- Temporary Office Rental Space (i.e. vacant commercial space, office etc.)
- Other (Please list): _____

Hours of Operation: _____

Website Address: _____

Can you provide 24 hr. On –Call Service or delivery? Yes No

Describe Services Provided: (Please make sure to include any exclusive discounts.)


