

Forest Preserve District of DuPage County Vendor Form

Contact and General Information

ederal Tax ID or Social Security #: <i>Upload your W-9 required:</i>
dividual or Legal Business Name:
ontact Name:
ontact Phone Number
Mail Address:
hat is the scope of your work with the District?
ovide short description of goods and/or service you provide:
Per 35 ILCS 200/18-50.2, P.A. 102-0265, does this business meet the criteria of any of the options below as defined by the Business Enterprise for Minorities, Women, and Persons with Disabilities Act. Minority-Owned Business - A business that is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it. Women-Owned Business - A business that is at least 51% owned by one or more women, or, in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it. Persons with Disabilities - Owned Business - A business that is at least 51% owned by one or more persons with a disability and the management and daily business operations of which are controlled by one or more of the persons with disabilities who own it. A not-for-profit agency for persons with disabilities that is exempt from taxation under Section 501 of the Internal Revenue Code of 1986 is also considered a "business owned by a person with a disability". Veteran-Owned Business - A business that meets the qualifications as defined by 35 ILCS 200/18-50.2, P.A. 102-0265 requirements.
Are you a minority vendor:
If yes, please Certify, which description(s) apply:
Do you hold a certificate for any classification you indicated above:
rint Name:
tle: