

City of Bishop Local Business Verification

Complete and submit this form to claim Local Business status pursuant to Chapter 3.26, Contracting Preferences, of the Bishop Municipal Code.

Business: _____
Contact: _____
Telephone: _____
Email: _____
Bid or Project: _____

1. **Business Location:** Provide street addresses or locations of your business for the past six months. Indicate if headquarters, distribution point, or locally-owned franchise.

Addresses or Locations	Headquarters, Distribution Point, or Franchise
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2. **Business License:** Provide issuing jurisdiction and number of local business license and attach a copy. Indicate if no license is required.

Jurisdiction	License number
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3. **Business Employment:** Provide the name and street address of one full-time employee or names and street addresses of two part-time employees employed by your business. If your business has no employees, provide the names and street addresses of local business owners that own 50% or larger share of business.

	Name 1	Name 2
Name:	_____	_____
Street:	_____	_____
City, State, ZIP:	_____	_____
Full, Part Time, or Share:	_____	_____

Certification: I acknowledge I have read and understand the criteria for contracting preferences as defined under Chapter 3.26 of the Bishop Municipal Code. I swear and affirm under penalty of perjury that the above information is true and correct and that the business listed above is qualified and eligible to receive a local preference. Bishop Municipal Code available at www.ca-bishop.us or at City Hall.

Signature	Title	Date
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