



Town of Chapel Hill - Vendor Application

[New Vendor](#)[Update Existing Vendor](#)

Date:

Business Name:**Doing Business As (DBA):****Federal Tax ID**

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Nature of Business:

Mailing Address	Business Contact
Street:	Name:
City:	Title:
State:	Phone:
Zip Code:	Email:
Website URL:	

Remit Address	Billing Contact
Street:	Name:
City:	Title:
State:	Phone:
Zip Code:	Email:

Minority, Women Owned, and Disabled Business Enterprise

To qualify for Minority, Women Owned, and Disabled Business Enterprise (MWBE) vendor status, 51% of the company must be owned and controlled by (single person or group), a minority or a woman. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women.

[Minority Business Enterprise](#)[Women Business Enterprise](#)[Disabled Business Enterprise](#)

For consideration as a Town of Chapel Hill Vendor, please submit this completed application along with a signed [IRS W-9](#) to accountspayable@townofchapelhill.org.