

**LIVINGSTON PARISH**

Department of Purchasing



**Layton Ricks**  
**Parish President**

**Date:** \_\_\_\_\_

**Jennifer A. Meyers**  
**Finance Director**

**LIVINGSTON PARISH VENDOR APPLICATION**

All vendors interested in submitting bids, or proposals to provide equipment, materials, supplies, services or performing major repairs/construction for Livingston Parish must complete this form. This application **MUST** be accompanied with vendor’s signed W-9 Form & a current Certificate of Liability, if performing work on-site. This application will not be processed otherwise. Please email application to [jfradella@lpgov.com](mailto:jfradella@lpgov.com).

Name of Business:		
Physical Address:		Remittance Address:
City:	State:	Zip:
Phone Number: (    )		Fax Number: (    )
Contact Person & Email Address:		Federal ID Number (Required):
Nature of Business:		
Trade, Specialty, or Professional Licenses:		

**Authorized to do Business in Louisiana:** Yes:  No:

**In Good Standing with the Louisiana Secretary of State’s Office:** Yes:  No:

**Please check one:**

Corporation:  Individual:  Partnership:  Other:  \_\_\_\_\_

Livingston Parish Government  
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