



Certification Statement Local Vendor Preference

I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

(1). That *my company* maintains an office within the legally defined boundaries of the Town of Hilton Head Island and have a majority of full time employees, chief officers, and managers regularly conducting work and business from these offices.

(2). That *my company* has held a valid Town Business License for a consecutive period of at least three (3) years prior to the date for application for certification.

I make this certification with the full knowledge that should any information provided prove to be false, that *my company* could be excluded from bidding on Town requirements for a period of three years.

Company Name: _____

Address: _____

Type of Products or Services: _____

Business License Number: _____

Phone Number: _____

Owner's Name: _____

Signature: _____

Sworn to before me this _____ day of _____, 20____

Notary Public for the State of _____

My Commission Expires: _____

To be completed by Authorized Town Representative:

Vendor Certified: _____ Date: _____

Authorized Signature