



Vendor Information Reporting Form

Please complete and return this form, along with your Form W-9, to bjacobs@glencoeParkdistrict.com, or mail to **999 Green Bay Road, Glencoe, IL 60022**. Pursuant to Section 18-50.2 of the Illinois *Property Tax Code* (35 ILCS 200/18-50.2), the Glencoe Park District is required to make a good faith effort to collect and electronically publish certain data from all vendors and subcontractors doing business with the Park District.

Company Information

Company Name		
Address		
City	State	Zip Code
Phone	Email	
Contact Name		

Company Status (Please check all that apply)

Certified Small Business / meets certification requirements as a small business under SBA standards
 *More information and definitions can be found at <http://www.sba.gov>

Minority-Owned Business – A business which 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 which 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.

Veteran-Owned Business - A small business (i) that is at least 51% owned by one or more qualified veterans living in Illinois or, in the case of a corporation, at least 51% of the stock in which is owned one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are actually verified annually by the Commission on Equity and Inclusion.

Does not apply

If applicable, list any certifications your organization holds for the above categories:

Check box if organization is self-certifying.

By signing below, you represent and warrant that the information on this Vendor Information Reporting Form is accurate and complete to the best of your knowledge. Thank you for your cooperation in providing the information requested.

Signature	Date
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