

# Vendor Business Registration Form



**City of Portland Revenue Division**  
 111 SW Columbia St., Suite 600, Portland OR 97201  
 FAX: 503-823-5192 | Office: 503-823-5157  
[www.portland.gov/revenue/business-tax](http://www.portland.gov/revenue/business-tax)



## Business Information

|   |                            |  |          |
|---|----------------------------|--|----------|
| Name (as shown on your income tax return)   |                            |  |          |
| Business Name (if different from above)   |                            |  |          |
| Business Address  | City                       | State/Prov   | ZIP Code |
| Mailing Address (if different than above)   | City                       | State/Prov   | ZIP Code |
| Business Entity Type (select one)<br>Sole Proprietor      S Corporation      C Corporation<br>Partnership      Trust/Estate |                            | This entity is required to file a return with the Oregon Department of Revenue.<br>Yes      No |          |
| Start Date of Business Activity in the City of Portland   | <a href="#">NAICS Code</a> | Business Activity Description  |          |

## Taxpayer Identification Number (TIN)

|  |  |  |
|--|--|--|
| Social Security Number<br>----- SSN or FEIN Required ----- | Federal Employer Identification Number | Foreign Identification Number (optional) |
|--|--|--|

### Select one of the following:

Our business is located outside the City of Portland, Oregon and Multnomah County, Oregon. The product we are providing to the City of Portland is shipped into the City. The City of Portland will receive all services at a location outside of the City of Portland/Multnomah County. We have no office or employees in the City of Portland/Multnomah County.

One or more of the following conditions are true:

1. Our business is located in the City of Portland /Multnomah County.
2. We will have an office or employee(s) in the City to meet the terms of this contract.
3. We do business in the City beyond the above statement, for example: on-site repairs, installation, office location with employees in the City, etc.

Explanation:

Under penalty of making a false statement, I certify that the information on this form is correct.

**Authorized Representative** \_\_\_\_\_

**Signature of Authorized Representative** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or fax the completed form to:** City of Portland Revenue Division,  
 Attn: Vendor Compliance Officer, 111 SW Columbia ST. Suite 600, Portland OR 97201  
 FAX: 503-823-5192

Contact us: [RevVendor@portlandoregon.gov](mailto:RevVendor@portlandoregon.gov)