

METROPOLITAN GOVERNMENT OF  
NASHVILLE & DAVIDSON COUNTY, TENNESSEE

SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY  
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS  
700 2nd Avenue South Suite 310  
PO Box 196301  
NASHVILLE, TENNESSEE 37219-6301  
FAX TO: (615) 880-1727

FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP / PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED IN YELLOW

To be completed by Metro department requesting setup

DEPARTMENT: Arts Contact Name: Skylar Peterson  
Phone 615-862-6721 Date 08/01/2023

Select appropriate setup type: New  If Change to existing Supplier, list # \_\_\_\_\_

Describe the nature of the transaction:

Arts Vendor

Is applicant providing goods or services?  YES or NO Will applicant be paid more than once? YES or  NO

ADDRESS INFORMATION

PLEASE TYPE OR PRINT (Address where correspondence etc are to be mailed)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COUNTY \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Is the applicant a Metro Employee? Yes or No

Employee Number (if applicable) \_\_\_\_\_ Will employee be using the travel system? YES or NO

Employee home department \_\_\_\_\_ Select employee type: General Government or MNPS

W9 TAX INFORMATION complete or attach hand signed W9\*

LEGAL NAME ON TAX RETURN FOR IRS \_\_\_\_\_

TYPE OF TAXPAYER (Select one code and fill in ID # information)

- |                          |  |                                   |
|--------------------------|--|-----------------------------------|
| <input type="checkbox"/> | Individual or Sole Proprietor            | Social Security # _____           |
| <input type="checkbox"/> | Non Corporation                          | Federal Tax Id # _____            |
| <input type="checkbox"/> | Corporation (except Medical/Legal)       | Federal Tax Id # _____            |
| <input type="checkbox"/> | S Corporation (except Medical/Legal)     | Federal Tax Id # _____            |
| <input type="checkbox"/> | Partnership or Medical/Legal Corporation | Federal Tax Id # _____            |
| <input type="checkbox"/> | Trust/estate                             | Social Security # _____           |
| <input type="checkbox"/> | Limited Liability Company                | Federal Tax Id # _____ Type _____ |
| <input type="checkbox"/> | Other _____                              | Federal Tax Id # _____            |

Box 1    Box 6    Box 7    Box 14

Type of 1099 to be issued: Rent    Medical    Non Emp compensation    Attorney    Not applicable

\* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. \*

SIGNATURE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_