



CITY OF OCEAN SHORES **SMALL WORKS ROSTER APPLICATION**

Firms on the SWR must be able to show proof of insurance, naming the City as additional insured, prior to the performance of a specific contract, provide a Performance Bond prior to performance of a specific job, and possess the appropriate licensing.

COMPANY: _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF OWNERSHIP: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP

MINORITY and/or WOMEN OWNED BUSINESS: YES NO

CITY BUSINESS LICENSE NUMBER: _____

(A City of Ocean Shores business license is required to work within Ocean Shores,
but is not required to be placed on the Small Works Roster.)

WASHINGTON STATE CONTRACTOR'S LICENSE NUMBER: _____

WASHINGTON STATE TAX NUMBER: _____

BANKING REFERENCE(NAME OF BANK): _____

CHECK ALL BOXES THAT DESCRIBE TYPE(S) OF WORK YOUR FIRM IS QUALIFIED TO PERFORM:

- | | |
|---|--|
| <input type="checkbox"/> Building Construction | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Asbestos Survey / Removal | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Clearing/Grubbing | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Concrete Placement Finishing | <input type="checkbox"/> Wetland Construction |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Environmental Cleanup | <input type="checkbox"/> Sewer/Water Lines |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Street Repairs & Construction |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Heating/AC/Refrigeration | <input type="checkbox"/> Hydroseeding |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other _____ |

BRIEFLY DESCRIBE EXPERIENCE AND QUALIFICATIONS: _____

LIST 5 REFERENCES:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

OTHER INFORMATION REGARDING YOUR FIRM'S ABILITY TO SATISFACTORILY PERFORM A CONTRACT:

By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contract which may result by submittal of this application.

Typed Name and Title

Preparer Signature

Date

RETURN COMPLETED APPLICATION TO THE CITY OF OCEAN SHORES
ATTN: Melody Jamieson, P.O. Box 909, 765 Pt. Brown Ave NW, Ocean Shores, WA 98569
(360) 289-2488 FAX (360) 289-0376
mjamieson@osgov.com