



# VILLAGE OF GLEN ELLYN

## VENDOR OWNERSHIP INFORMATION FORM

535 Duane Street | Glen Ellyn, IL 60137 | 630-469-5000 | [gevendors@glenellyn.org](mailto:gevendors@glenellyn.org)

Illinois Public Act 102-0265 was approved in August 2021 requiring the Village of Glen Ellyn to collect "Status of Ownership" information. You may print this form, fill it out and mail or e-mail it to the address above. An electronic version is available at [www.glenellyn.org](http://www.glenellyn.org) and may be submitted online.

<b>APPLICATION TYPE</b> <input type="checkbox"/> New <input type="checkbox"/> Change/Update	<b>FEDERAL ID OR SOCIAL SECURITY #</b>	<b>DATE</b>		
<b>BUSINESS NAME &amp; ADDRESS</b>	<b>REMIT ADDRESS FOR PAYMENTS (if different from business address)</b>			
<b>STATUS OF OWNERSHIP (Required—please select at least one.)</b> Information is collected for reporting purposes only and not vendor selection. Please check any or all of the following that apply to the ownership of your firm.  <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Not Applicable <input type="checkbox"/> Minority-Owned  <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Small Business	<b>HOW ARE YOU CERTIFYING?</b>  <input type="checkbox"/> Certificates Attached  <input type="checkbox"/> Self-Certifying			
<b>PRIMARY CONTACT PERSON (Bids/Quotes/Purchase Orders)</b> Name: Official Capacity: Telephone #: E-Mail:	<b>PERSONS AUTHORIZED TO SIGN (Bids/Quotes/Contracts)</b> Name: Official Capacity:  Name: Official Capacity:			
<b>PLEASE PRINT THIS FORM, SIGN IT AND SEND IT BACK WITH CERTIFICATES OF OWNERSHIP (unless self-certifying)</b> I hereby certify that the information supplied herein is true and correct.  _____ Print or Type Name and Title			_____ Signature	