

**LOCAL VENDOR CERTIFICATION PURSUANT TO CKW ORDINANCE 09-22
SECTION 2-798**

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.
- b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
- c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
 - o Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - o Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name

NILES SALES & SERVICE INC.

Phone:

305-294-1003

Current Local Address:

(P.O Box numbers may not be used to establish status)

Fax:

305-294-1252

3500 N. ROOSEVELT BLVD., KEY WEST, FL 33040

Length of time at this address 9 YEARS.

Signature of Authorized Representative

1/31/11
Date

STATE OF Florida
COUNTY OF Monroe

The foregoing instrument was acknowledged before me this 31st day of Jan., 2011.

By _____, of _____,
(Name of officer or agent, title of officer or agent) Name of corporation acknowledging)
or has produced _____ as identification
(type of identification)

Devon M Sarver
Signature of Notary
Devon M Sarver
Print, Type or Stamp Name of Notary

Return Completed form with Supporting documents to: City of Key West Purchasing

notary
Title or Rank

