

**METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY, TENNESSEE**

ARTS SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: **METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY**
METRO ARTS
PO BOX 196300
NASHVILLE, TENNESSEE 37219-6300
or e-mail to skylar.peterson@nashville.gov

To be completed by Metro department requesting setup (FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP):

DEPARTMENT: Arts Commission
Phone: 615-862-6721

Contact Name: Skylar Peterson

New If Change to existing Supplier, list # _____

Describe the nature of the transaction:

Artist Vendor Setup

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: _____

W9 TAX INFORMATION. Also 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 # _____ |

1099 to be issued (Normally box 7 - Non employee compensation). If no 1099 to be issued check [] and list reason below.

Reason:

SIGNATURE

APPLICANTS SIGNATURE: _____ DATE: _____