## **ANNUAL VENDORS LIST**

Company Name:		

Address:



BL #\_\_\_\_\_ (For office use only)

) - \_\_\_\_ Contact Number: (

Licensing & Cashiering

## 310-349-2935 office / 310-978-9858 fax

Below, please provide the information for all hired vendors/contractors for your business located at\_\_\_\_\_\_

(Make additional copies of form, if necessary) NOTE: FAILURE TO PROVIDE MISSING DOCUMENTS / INFORMATION WILL RESULT IN NON-ISSUANCE OF PERMIT AND FINES, DUE TO IT IS A VIOLATION OF HAWTHORNE MUNICPAL CODE 5.06.020 (G)

\*Please write clearly\*

Business Name	Address #	Contacts Name	Contact Telephone #	Mailing Address	Email Address