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## Vendor Service Provider Application

1. Business Name: \_\_\_\_\_
2. Business Phone Number: Office \_\_\_\_\_, Cell \_\_\_\_\_
3. Hours you operate: \_\_\_\_\_
4. Business Owner: \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
\_\_\_\_\_
6. Service or Occupation: \_\_\_\_\_
7. How many years have you been in business: \_\_\_\_\_
8. List three references & Ph #'s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you Licensed and Bonded \_\_\_\_\_
10. List your SC LLR License Number and type of license held: \_\_\_\_\_  
\_\_\_\_\_
11. Which Insurance Company Holds your Bond: \_\_\_\_\_
12. Agents name and phone number: \_\_\_\_\_
13. Have you ever been convicted of a crime or listed as a sex offender: \_\_\_\_\_  
If so explain: \_\_\_\_\_
14. Have any of your employees been convicted of a crime or sex offender: \_\_\_\_\_  
If so explain: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_