



CLARK SALES DISPLAY  
PO BOX 1007  
TAVARES FL 32778

**REQUEST FOR QUOTATION  
INFORMAL BID NO. 2015-004**



CITY OF FORT PIERCE  
PURCHASING DEPARTMENT  
P. O. Box 1480  
FORT PIERCE, FL 34954-1480

**REMARKS**

For additional information  
contact Mike Reals, Public Works Manager  
at (772) 467-3000 extension 3811

"AN EQUAL OPPORTUNITY EMPLOYER"

**RESPONSE SUBMITTED BY:**

<u>Clark sales Display, Inc</u>	<u>352-343-5899</u>
Company Name	Phone No.
<u>PO BOX 1007</u>	<u>352-343-0194</u>
Address	Fax No.
<u>TAVARES, FL, 32778</u>	<u>LEE@CLARKSCHRISTMAS.COM</u>
City, State, Zip	Email Address

**ANNUAL HOLIDAY DECORATIONS**

The City of Fort Pierce desires to obtain quotations from qualified individuals, firms and legal entities relative to the lease, installation, removal, and storage of Christmas tree and decorations. The Christmas tree will be installed on Avenue A and Indian River Drive round about, Fort Pierce, FL. The initial contract period will be for one year with two-one year renewal options contingent upon satisfactory and reliability of service. The Selected Bidder shall provide all labor, materials, supervision, tools equipment, and vehicles necessary for installation and removal of displays.

**SET-UP, AND TAKE DOWN** - Selected Bidder will install specified and approved holiday displays at locations as directed by City of Fort Pierce Public Works staff. Decorations shall be completely installed and fully lit and functional by the December 1<sup>st</sup> of each year. Selected Bidder shall completely remove the entire displays by January 10<sup>th</sup> of each year.

- a. The Selected Bidder will pay liquidated damages in the amount of 3% of the total contract amount for each calendar day, in the current year, in November or December that the decorations are not fully installed and functional.

**Durability of Displays** - All decorations must be designed, constructed and installed to withstand adverse weather conditions such as wind and rain and in all ways professional in appearance and in fact.

- a. Selected Bidder will test all decorations prior to installation; add-on decorations should be ready and available. The Selected Bidder shall have an inventory of extra decorations in case one is damaged or destroyed so that it can be replaced without delay, including bulbs.
- b. The Selected Bidder will be given a seventy-two (72) hour notice to repair decorations not functioning or in unsafe condition, and failure to adequately connect the deficiency(s) may result in the Selected Bidder's paying liquidated damages in the amount of 0.5% of 1% of the annual contract amount for each calendar day, in the current year, in December subsequent to the notice period.

**Safety Precautions** - The Selected Bidder shall erect and maintain all necessary safeguards for the protection of the Selected Bidder's employees and subcontractors, City personnel, and the general public; including, but not limited to, posting danger signs, and other warnings against hazards as is prudent and/or required by law to protect the public

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interest. All damage, injury or loss to persons and/or property caused, directly or indirectly, in whole or in part, by the Selected Bidder's employees, or subcontractor(s), or anyone directly or indirectly employed by said parties shall be remedied by the Selected Bidder.

**Discrepancies** - If, in the course of performing work resulting from an award under this specification, the Selected Bidder finds any discrepancy between the area defined in these specifications and the actual area where work is being performed, the Selected Bidder shall discontinue work on the subject area and inform the Contract Supervisor of the discrepancy. The Selected Bidder shall thereafter proceed as authorized by the Contract Supervisor who will document any modification to these specifications that he authorized in writing as soon as possible.

**INSURANCE REQUIREMENTS**

See Attachment "A"

PLEASE SUBMIT QUOTATION IN INK OR TYPE WRITTEN			
The lease, installation, removal, and storage of holiday decorations	Annually	\$	\$
26' Panel Tree done in natural branch garland with base size 13' inch diameter	1	\$ 6990.00	\$
Led Lights, no less than 1325.	1325 or more	\$	\$
Miscellaneous outdoor metallic ornaments various colors, sized 4" to 9" each 4' x 4' panel with no less than 14-15 ornaments	600	\$ 2360.00	\$
<b>TOTAL</b>		<b>\$ 9350.00</b>	<b>\$</b>

**Additional Information:**

Clark Sales Panel tree is a true 26' tall tree with a 5' star giving it an overall height of 31'. Frame work has an 8' tall inner steel screen welded at the bottom to prevent, any vandals going inside.

RETURN THIS QUOTATION NO LATER THAN **3:00PM, FRIDAY, OCTOBER 17, 2014**

TO: PROCUREMENT DEPARTMENT, P.O. BOX 1480, FORT PIERCE, FLORIDA 34954-1480 (BY MAIL) OR HAND-DELIVER TO: 100 NORTH U.S. #1, FORT PIERCE, FLORIDA 34950 OR FAX TO: (772) 467-3848. UNDER NO CIRCUMSTANCES SHALL BIDS DELIVERED AFTER THE TIME SPECIFIED BE CONSIDERED; SUCH BIDS WILL BE RETURNED UNOPENED.

WE HEREBY AGREE TO FURNISH THE ITEMS ON WHICH PRICES ARE LISTED ABOVE AND IN ACCORDANCE WITH THE TERMS AND CONDITIONS LISTED.

OFFICIAL SIGNATURE: Lee C Clark Lee C Clark  
 Manual Typed or Printed

DATE: 10/15/2014

CLARK SALES DISPLAY

NO BIDDING  
AWARDS BY STATE

ATTACHMENT "A"

**INSURANCE REQUIREMENTS**

The CONTRACTOR shall, at its own expense, procure and maintain, with insurers acceptable to the CITY, the types and amounts of insurance conforming to the minimum requirements set forth herein. The CONTRACTOR shall not occupy the premises until the required insurance is in force and evidence of insurance acceptable to the CITY has been provided to and approved by the CITY.

As evidence of compliance with the insurance required herein, CONTRACTOR shall furnish CITY with:

- (a) a fully completed satisfactory Certificate of Insurance (ACORD Form 25 or equivalent) evidencing all coverage required herein, with a copy of the actual notice of cancellation endorsement(s) as issued on the policy(ies), and a copy of the actual additional insured endorsement as issued on the Commercial General Liability policy, signed by an authorized representative of the insurer(s) verifying inclusion of CITY's officials, officers and employees as Additional Insureds in the Commercial General Liability coverage;
- (b) the original of the policy(ies); or
- (c) other evidence satisfactory to CITY.

Until such insurance is no longer required by this Contract, the CONTRACTOR shall provide the CITY with renewal or replacement evidence of insurance at least thirty (30) days prior to the expiration or termination of such insurance.

**Workers' Compensation Insurance**

Such insurance shall be no more restrictive than that provided by the Standard Workers' Compensation Policy, as filed for use in Florida by the National Council of Compensation Insurance, without restrictive endorsements. In addition to coverage for the Florida Workers' Act, where appropriate, coverage is to be included for the Federal Employer's Liability Act and any other applicable Federal or State law. The minimum amount of coverage (inclusive of any amount provided by an umbrella or excess policy) shall be:

- Part One: "Statutory"
- Part Two: \$1,000,000 Each Accident
- \$1,000,000 Disease-Policy Limit
- \$1,000,000 Disease-Each Employee

The policy must be endorsed to waive the insurer's right to subrogation against CITY and its officials, officers and employees in the manner which would result from the attachment of National Council on Compensation Insurance's (NCCI) Waiver of Our Right to Recover From Others' Endorsement (Advisory Form WC 00 03 13) with CITY and its officials, officers and employees scheduled thereon.

**General Liability Insurance**

Such insurance shall be no more restrictive than that provided by the standard Commercial General Liability Form (ISO Form CG 00 01) as filed for use in the State of Florida without any restrictive endorsements other than those required by ISO or the State of Florida or those described below. The coverage may include restrictive endorsements which exclude coverage for liability arising out of:

- Mold, fungus, or bacteria
- Terrorism
- Sexual molestation

CLARK SALES DISPLAY

NO BIDDING

The CITY and the CITY's officials, officers and employees shall be included as an "Additional Insured" on a form no more restrictive than ISO Form (CG 20 10), Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization. The minimum limits (inclusive of amounts provided by an umbrella or excess policy) shall be:

\$2,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$2,000,000	Personal and Advertising Injury
\$2,000,000	Each Occurrence

#### Automobile Liability Insurance

Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of the standard Business Auto Policy (ISO Form CA 00 01) without restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos of the CONTRACTOR. Such insurance shall not be subject to any aggregate limit and the minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

\$1,000,000	Each Occurrence - Bodily Injury and Property Damage Combined
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The insurance provided by the CONTRACTOR shall apply on a primary basis. Any insurance maintained by the CITY shall be excess of and shall not contribute with the insurance provided by the CONTRACTOR. Except as otherwise specifically authorized in this Contract, or for which prior written approval has been obtained hereunder, the insurance maintained by the CONTRACTOR shall apply on a first dollar basis without application of a deductible or self-insured retention. Under limited circumstances, the CITY may permit the application of a deductible or permit the CONTRACTOR to self-insure, in whole or in part, one or more of the insurance coverages required by this Contract. The CONTRACTOR shall pay on behalf of the CITY or CITY's officials, officers and employees any deductible or self-insured retention applicable to a claim against the CITY or the CITY's officials, officers and employees.

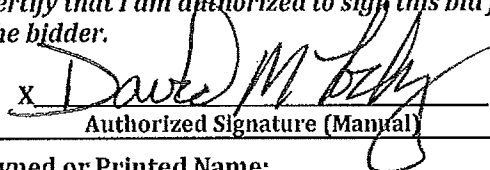
All Insurance policies provided by the contractor shall be endorsed to provide the CITY with thirty (30) days' notice of cancellation.

Compliance with these insurance requirements shall not limit the liability of the CONTRACTOR. Any remedy provided to the CITY by the insurance provided by the CONTRACTOR shall be in addition to and not in lieu of any other remedy (including, but not limited to, as an indemnitee of the CONTRACTOR) available to the CITY under this Contract or otherwise.

Neither approval nor failure to disapprove insurance furnished by the CONTRACTOR shall relieve the CONTRACTOR from responsibility to provide insurance as required by this Contract.

Certificates of Insurance must be completed as follows:

1. Certificate Holder  
City of Fort Pierce  
Attn: Purchasing Department  
P.O. Box 1480  
Fort Pierce, FL 34954-1480
2. Additional Insured for General Liability  
City of Fort Pierce and their members, officials, officers and employees

<p><b>DELIVER TO:</b>  City of Fort Pierce  100 North U.S. #1  Fort Pierce, FL 34950</p> <p><b>MAIL TO:</b>  City of Fort Pierce Procurement Dept.  P.O. Box 1480  Fort Pierce, FL 34954-1480</p>	<p><b>INVITATION TO BID</b></p> <p>and</p> <p><b>BIDDER ACKNOWLEDGMENT</b></p>
<p>Contact: Gelencia Carter, (772) 467-3749</p>	<p>Bid No: 2015-003</p>
<p>Mandatory Pre-Bid Conference :  N/A</p>	<p>Bid Title: HOLIDAY LIGHTING FOR MARINA SQUARE</p>
<p>Mandatory Pre-Bid Conference Location:  N/A</p>	<p>Bid Opening Location:  City of Ft. Pierce Procurement Dept.  100 North U.S. #1, 1st Floor  Ft. Pierce, Florida 34950</p>
<p>Bid Due Date &amp; Time:  <b>3:00PM, TUESDAY, OCTOBER 21, 2014</b></p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Bidder Name:  Let There Be Lights, Inc.  -----  Mailing Address:  8254 Bama Lane, Unit 4  -----  West Palm Beach, FL 33411  -----  -----</p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p>x   Authorized Signature (Manual)</p>
<p>City, State, Zip Code:</p>	<p>Typed or Printed Name:  David M Lockey</p>
<p>Type of Entity (Circle One):  <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship</p>	<p>Title:  President</p>
<p>Incorporated in the State of: Florida Year: 2004</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: (561) 753-3353</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: (561) 790-1530</p>	<p>FEIN or SS Number: 200926706</p>
<p>E-Mail Address: dave@lettherebelightsinc.com</p>	<p>Local Business: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____  F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p><b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b></p>	



# BID RESPONSE FORM



Bid Item	HOLIDAY LIGHTING FOR MARINA SQUARE		
Bid Number	2015-003	Due Date & Time	3:00PM, Tuesday, October 21, 2014

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

*Lump Sum Total* \$ 63,440.00 for year 1, \$27,000 for year 2 & 3

The special incandescent lights that are normally used are out of stock. We are switching to LED which will be used the subsequent years which is why the cost for the second and third year is lower

### PURCHASING CARD PROGRAM

(Please Check One)

- Do you accept the Purchasing Card (Visa)?  Yes  No
- Percentage of discount off bid price when payment is made with Visa: \_\_\_\_\_ %

Vendor Let There Be Lights, Inc.

Address 8254 Bama Lane, Unit 4

City, State, Zip Code West Palm Beach, FL 33411

Email Address dave@lettherebelightsinc.com

Typed Name, Title David M Lockey

Signature *David M Lockey* Date 10/19/2014

Telephone # (561) 753-3353 Fax # (561) 790-1530

(\*Please include remit to address if different than address stated above)

Remit To: \_\_\_\_\_

Check block below for applicable minority indicator:

- Asian Indian       Black       Asian Pacific       Hispanic
- Native American       Small Business       Women Owned       Small Disadvantage Business

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Let There Be Lights, Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>128 Black Olive Crescent</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Royal Palm Beach, FL 33411</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>	<b>Social security number</b>												
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr> </table>				-				-				
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	<b>Employer identification number</b>												
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2	0	-	0	9	2	6	7	0	6				

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>I am a U.S. citizen or other U.S. person (defined below).</li> </ol>	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	

<b>Sign Here</b>	Signature of U.S. person ▶ <b>David Lockey</b>	Date ▶
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**General Instructions**  
 Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**  
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

**Exempt Payee**

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup> The actual owner <sup>3</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD



<b>LICENSE NUMBER</b>	
ES12000509	

The SPECIALTY ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016  
AS A LIMITED ENERGY SYSTEMS SPECIALIST

LOCKEY, DAVID M  
LET THERE BE LIGHTS INC  
128 BLACK OLIVE CRESCENT  
ROYAL PALM BEACH FL 33411



ISSUED: 08/03/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408030004382



**ANNE M. GANNON**  
CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***

8254 BAMA LN Unit 4  
WEST PALM BEACH, FL 33411

*Serving you.*

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT # DATE PAID	AMT PAID	BILL #
59-0627 LANDSCAPING	LOCKEY DAVID M		B14 1577155 - 09-28-14	\$33.00	B40118339

This document is valid only when received by the Tax Collector's Office.

B3 - 361

LET THERE BE LIGHTS INC  
LET THERE BE LIGHTS INC  
128 BLACK OLIVE CRES  
ROYAL PALM BEACH, FL 33411-4946



STATE OF FLORIDA  
PALM BEACH COUNTY  
2014/2015 LOCAL BUSINESS TAX RECEIPT

**LBTR Number: 200418614**  
**EXPIRES: SEPTEMBER 30, 2015**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JOHN KIME AGENCY 12832 US HWY #1 JUNO BEACH, FL 33408	<b>CONTACT NAME:</b> Shirley Smith <b>PHONE (A/C, No, Ext):</b> 561-627-1806 <b>E-MAIL ADDRESS:</b> johnkime@allstate.com	<b>FAX (A/C, No):</b> 561-627-9847
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Let There Be Lights, Inc. 128 Black Olive Crescent  Royal Palm Beach FL 33411	<b>INSURER A:</b> Scottsdale Insurance Company	
	<b>INSURER B:</b> Allstate Commercial Auto Insurance	
	<b>INSURER C:</b> Nautilus Insurance Company	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			JWWFO-N	09/27/2014	09/27/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			648537090  Physical Damage	10/01/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$500 deductible
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			AN008746	10/01/2014	10/01/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Physical damage Cost for Hire				comp	collision	\$100 comp deduct \$500 collision deduct

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured:  
City of Fort Pierce

<b>CERTIFICATE HOLDER</b> City of Fort Pierce Attn: Purchasing Department P.O. box 1480 Fort Pierce, FL 34954-1480	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--



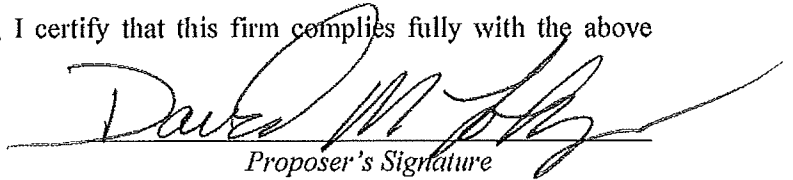
**DRUG-FREE WORK PLACE FORM**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that  
Let There Be Lights, Inc \_\_\_\_\_ does:

*(Name of Business)*

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business=s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee=s community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
*Proposer's Signature*

10/19/2014

\_\_\_\_\_  
*Date*



**CITY OF FORT PIERCE**  
 Purchasing Department  
 100 North U.S. 1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480  
 (P) 772-467-3749 (F) 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

<b>Bid Number:</b> <u>2015-003</u>	<b>Title:</b> <u>Design, Programming, Equipment &amp; Installation of Holiday Lighting for Marina Square</u>
<b>Proposer/Respondent Name:</b> <u>Let There Be Lights, Inc. / David Lockey</u>	
<b>Reference Company Name:</b> <u>City of Fort Pierce</u>	
<b>Telephone #:</b> <u>(772) 461-4884 ext312</u>	<b>Fax #:</b> <u>(772) 461-8373</u>
<b>Contact Name:</b> <u>Anne Satterlee</u>	<b>Email:</b> <u>annesat@aol.com</u>

**Reference Instructions: Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City’s receipt of form in Bid.**

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

**Quality of Work:** \_\_\_\_\_

**Dependability:** \_\_\_\_\_

**Integrity of owner and employees:** \_\_\_\_\_

**What areas could he/she improve upon?** \_\_\_\_\_

Would you contract with this Contractor again?      Yes       No       Maybe

- On a scale of 1 to 5, how would you rate his/her work in general?      1  2  3  4  5

- Add any information/comments that might help us evaluate their ability to perform for us?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CITY OF FORT PIERCE**  
 Purchasing Department  
 100 North U.S.1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480  
 (P) 772-467-3749 (F) 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

<b>Bid Number:</b> 2015-003	<b>Title:</b> <u>Design, Programming, Equipment &amp; Installation of Holiday Lighting for Marina Square</u>
<b>Proposer/Respondent Name:</b> <u>Let There Be Lights, Inc. / David Lockey</u>	
<b>Reference Company Name:</b> <u>Davenport Professional Property Mangement, Inc.</u>	
<b>Telephone #:</b> <u>(561) 642-5080 ext203</u>	<b>Fax #:</b> <u>(561) 642-5481</u>
<b>Contact Name:</b> <u>Laura Green</u>	<b>Email:</b> <u>laura@davenportpro.net</u>

**Reference Instructions: Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City's receipt of form in Bid.**

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

**Quality of Work:** \_\_\_\_\_

**Dependability:** \_\_\_\_\_

**Integrity of owner and employees:** \_\_\_\_\_

**What areas could he/she improve upon?** \_\_\_\_\_

Would you contract with this Contractor again? Yes  No  Maybe

- On a scale of 1 to 5, how would you rate his/her work in general? 1  2  3  4  5

- Add any information/comments that might help us evaluate their ability to perform for us?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CITY OF FORT PIERCE**  
 Purchasing Department  
 100 North U.S.1, P.O. Box 1480  
 Fort Pierce, Florida, 34954-1480  
 (P) 772-467-3749 (F) 772-467-3848

**REFERENCE CHECK FORM**  
 (Please print or type)

<b>Bid Number:</b> <u>2015-003</u>	<b>Title:</b> <u>Design, Programming, Equipment &amp; Installation of Holiday Lighting for Marina Square</u>
<b>Proposer/Respondent Name:</b> <u>Let There Be Lights, Inc. / David Lockey</u>	
<b>Reference Company Name:</b> <u>City of Fort Pierce Public Works</u>	
<b>Telephone #:</b> <u>(772) 579-6884</u>	<b>Fax #:</b> _____
<b>Contact Name:</b> <u>Mike Reals</u>	<b>Email:</b> <u>mreals@fppwd.com</u>

**Reference Instructions: Submit a minimum of three (3) References – Fill out top portion only. The City will send form to the referenced company for completion after the City’s receipt of form in Bid.**

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

**Quality of Work:** \_\_\_\_\_

**Dependability:** \_\_\_\_\_

**Integrity of owner and employees:** \_\_\_\_\_

**What areas could he/she improve upon?** \_\_\_\_\_

Would you contract with this Contractor again? Yes  No  Maybe

- On a scale of 1 to 5, how would you rate his/her work in general? 1  2  3  4  5

- Add any information/comments that might help us evaluate their ability to perform for us?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<u>X</u> _____	_____
Is Bid Response Form completed, signed and attached?	<u>X</u> _____	_____
W-9 Form completed, signed and attached?	<u>X</u> _____	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<u>X</u> _____	_____
Include proof of proper licensing as stated in bid documents.	<u>X</u> _____	_____
Include proof of proper insurance as stated in bid documents.	<u>X</u> _____	_____
Bid envelope is marked accordingly.	<u>X</u> _____	_____
Is Drug-Free Work Place form signed and enclosed?	<u>X</u> _____	_____
Are three (3) complete bid packages included (one original and two copies)?	<u>X</u> _____	_____
Is each Bid Addendum (when issued) signed and included?	<u>X</u> _____	_____

**PLEASE SIGN AND RETURN WITH BID**

