
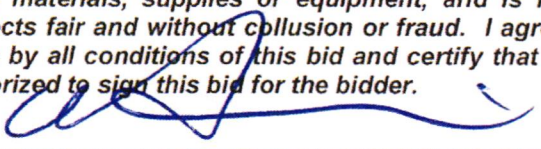


<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p style="text-align: center;">CITY OF FORT PIERCE</p>  <p style="text-align: center;">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Madison White, 772-467-3102</p>	<p>Bid No: 2024-025</p>
<p>Pre- Bid Conference & Site-Visit: N/A</p>	<p>Bid Title: SERVICE PISTOL PURCHASE – POLICE DEPARTMENT</p>
<p>Site – Visit Location: N/A</p>	<p>Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor. Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, MONDAY, SEPTEMBER 9, 2024</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.</p>
<p>Bidder Name: LAWMEN'S & SHOOTER'S SUPPLY INC.</p> <hr/> <p>Mailing Address: 701 COLUMBIA BLVD.</p> <hr/>	<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 </p> <p style="text-align: center;">Authorized Signature (Manual)</p>
<p>City, State, Zip Code: TITUSVILLE, FL. 32780</p>	<p>Typed or Printed Name: ORLANDO RIOSECO</p>
<p>Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> <u> X </u> Partnership <input type="checkbox"/> _____ Proprietorship <input type="checkbox"/> _____</p>	<p>Title: LE/GOV'T SALES REP</p>
<p>Incorporated in the State of: FLORIDA Year: 1981</p>	<p>Delivery in <u> 90-120 </u> days, After Receipt Order</p>
<p>Phone Number: 321-360-3033</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 321-360-3049</p>	<p>FEIN or SS Number: 59-2223132</p>
<p>E-Mail Address: BIDS@LAWMENS.NET</p>	<p>Local Business: <input type="checkbox"/> Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input 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>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
LAWMEN'S & SHOOTER'S SUPPLY 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 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.

Bidder's Signature

9/10/2024

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF FLORIDA

COUNTY OF BREVARD

ORLANDO RIOSECO, being first duly sworn, deposes
and says:

That he is AGENT
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

LAWMEN'S & SHOOTER'S SUPPLY INC.

(Firm Name)

By: *[Signature]* *Orlando Rioseco*

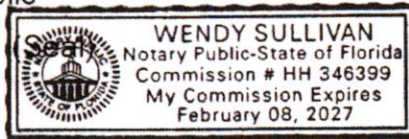
Title: *LE/gov't sales rep.*

Subscribed and sworn to before me this 10TH

day of, SEPTEMBER, ~~2020~~ 2024

Wendy Sullivan
Notary Public

My Commission expires:





PUBLIC ENTITY CRIMES AFFIDAVIT
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted by City of Fort Pierce
(Print name of the public entity).
by ORLANDO RIOSECO LE/ GOV'T SALES REP
(Print individual's name and title)
for LAWMENS & SHOOTER'S SUPPLY INC.
whose business address is 701 COLUMBIA BLVD. TITUSVILLE, FL. 32780
(If applicable) its Federal Employer Identification Number (FEIN) is 59-2223132

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

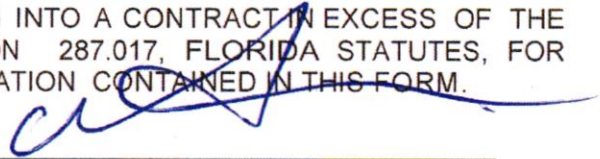
5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

 X Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

9/10/2024

(Date)

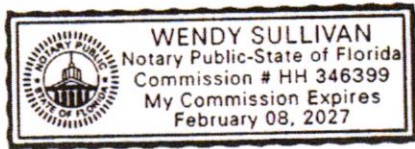
STATE OF FLORIDA

COUNTY OF BREVARD

PERSONALLY APPEARED BEFORE ME, the undersigned authority ORLANDO RIOSECO
(Name of individual signing)

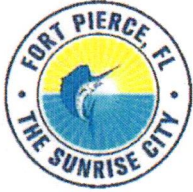
Who, after first being sworn by me, affixed his/her signature in the space provided above on this

day 10TH of SEPTEMBER, 2024.



Wendy Sullivan
(NOTARY PUBLIC)

My Commission Expires: 02/08/2027



CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: LAWMEN'S AND SHOOTER'S SUPPLY INC.

Respondent's Authorized Representative Name and Title: ORLANDO RIOSECO
LE/ GOV'T SALES REP.

Address: 701 COLUMBIA BLVD

City: TITUSVILLE State: FLORIDA Zip: 32780

Phone Number: 321-360-3033 Respondent FEIN: 59-2223132

Email Address: BIDS@LAWMENS.NET

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.



CITY OF FORT PIERCE
Affidavit Regarding the Use Coercion for Labor or Services

Vendor name: LAWMEN'S AND SHOOTER'S SUPPLY ONC.

Authorized Representative's Name and Title: ORLANDO RIOSECO LE/VOV'T SALES REP

Address: 701 COLUMBIA BLVD.

City: TITUSVILLE State: FLORIDA Zip Code: 32780

Phone Number: 321-360-3033 Email Address: BIDS@LAWMENS.NET

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By:  ORLANDO RIOSECO LE/GOV'T SALES REP 9/10/2024
 Authorized Signature Printed Name and Title Date

STATE OF FLORIDA

COUNTY OF Bravard

Sworn (or affirmed) and subscribed before me by means of physical presence or online

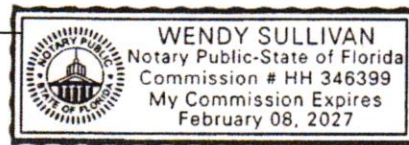
notarization this 10th day of September, 2024 by Orlando Biosales,

who is personally known or produced identification (ID produced: _____).

Notary Public Signature: Wendy Sullivan (Seal)

Print Name: Wendy Sullivan

My Commission Expires: 02/08/2027





E-VERIFY AFFIRMATION STATEMENT

Description: Bid No. 2024-025 – Service Pistol Purchase – Police Department

Pursuant to Section 448.095, Florida Statutes, Contractor/Proposer/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
(b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Proposer/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
(c) if Contractor/Proposer/Responder enters into a contract with a subcontractor, Contractor/Proposer/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Proposer/Responder shall maintain a copy of such affidavit for the term of the Contract, and
(d) the Contractor/Proposer/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name: LAWMEN'S AND SHOOTER'S SUPPLY INC.

Authorized Company Person's Signature:

[Handwritten signature]

Authorized Company Person's Title:

LE/ GOV'T SALES REP

Date:

9/10/2024

STATE OF FLORIDA

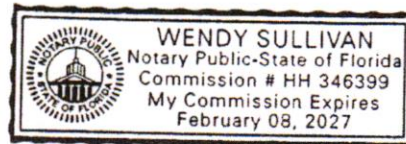
COUNTY OF Florida

Sworn (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization this 10 day of SEPTEMBER, 20 24 by ORLANDO RIOSECO, who is [] personally known or [] produced identification (ID produced:).

Signature: Wendy Sullivan (Seal)

NOTARY PUBLIC

My Commission Expires: 02/08/2027



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Lawmen's & Shooters' Supply, Inc</p>		
	<p>2 Business name/disregarded entity name, if different from above.</p>		
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p><small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see Instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the United States.)</small></p>	
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>		
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>701 Columbia Blvd</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p> <p>Titusville, FL 32780</p>		
	<p>7 List account number(s) here (optional)</p>		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									
5	9	-	2	2	2	3	1	3	2

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. 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 for Part II, later.

Sign Here	Signature of U.S. person <i>Wendy Sullivan</i>	Date	03/13/24
------------------	--	------	----------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

August 30, 2024



CITY OF FORT PIERCE
SERVICE PISTOL PURCHASE – POLICE DEPARTMENT

BID NO. 2024-025

ADDENDUM NO. 1

The purpose of this addendum is to extend the due date and revise the statement of work for this bid.

Bid Due Date Extension

Please be advised, the due date and time has changed from 3:00 P.M, Monday, September 9, 2024, to:

3:00 P.M, TUESDAY, OCTOBER 1, 2024

Revisions

The following item shall be removed shall be removed from Section III, Statement of Work and from the Bid Response Form:

(180) Glock G47 MOS7 9mm RMR HD AG/BOTF Glock- PA475S302MOS (includes RMR HD Suppressor Height Sights 3 magazines. Glock Package

An additional addendum will be released with a suitable replacement and a revised Bid Response Form.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____
Manual

Signature: ORLANDO RIOSECO
Typed or Printed

Company Name: LAWMEN'S AND SHOOTER'S SUPPLY INC.

Address: 701 COLUMBIA BLVD.
TITUSVILLE, FL. 32780

Date: 9/10/24

/mw

September 10, 2024

CITY OF FORT PIERCE

SERVICE PISTOL PURCHASE – POLICE DEPARTMENT

BID NO. 2024-025

ADDENDUM NO. 2



The purpose of this addendum is to revise the statement of work and bid response form.

Revisions

Addendum No. 1 removed the following item, from the statement of work and bid response form:
(180) Glock G47 MOS7 9mm RMR HD AG/BOTF Glock- PA475S302MOS (includes RMR HD Suppressor Height Sights 3 magazines. Glock Package

The replacement is as follows:

(180) Glock 47 PA475S302MOS6H2 - HOLOSUN 509T with suppressor height sights and three magazines.

Revised Bid Response Form

A revised Bid Response Form is attached.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____
Manual

Signature: ORLANDO RIOSECO
Typed or Printed

Company Name: LAWMEN'S AND SHOOTER'S SUPPLY INC.

Address: 701 COLUMBIA BLVD
TITUSVILLE, FL. 32780

Date: 9/10/2024

/mw

2024 - 2025

BREVARD COUNTY BUSINESS TAX
NOTICE / RENEWAL

ACCOUNT NO.
180830

THE PERSON(S), OR ENTITY BELOW:

Make check payable to:

BREVARD COUNTY TAX COLLECTOR

INSTRUCTIONS ON REVERSE SIDE



7 - 494

LAWMEN'S AND SHOOTERS SUPPLY INC
701 COLUMBIA BLVD
TITUSVILLE FL 32780-7902



LISA CULLEN, CFC

Brevard County Tax Collector

P O Box 2500

Titusville, Florida 32781-2500

(321) 264-6969 or (321) 633-2199

LOCATION:

701 COLUMBIA BLVD
TITUSVILLE, FL 32780

SUBMIT COPY OF
PROFESSIONAL
LICENSE WITH
RENEWAL

SAVE TIME RENEW ONLINE
WWW.BREVARDDTC.COM

OWNED BY:

LAWMEN'S AND SHOOTERS SUPPLY INC



BUSINESS CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:

820005 RECEIPT AMT
Y 480260 FIREARMS - WEAPONS SHOP
255 ZONING RESTRICTIONS APPLY-ZUP

Receipt Fee \$ 37.00
Hazardous Waste Fee \$ 0.00
Prior Year(s) Due \$ 0.00



IF CHANGES ARE NEEDED, PLEASE SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS.
IF THERE ARE NO CHANGES, DETACH AND RETURN BOTTOM PORTION WITH PAYMENT.

2024 - 2025 BUSINESS TAX RENEWAL

ACCOUNT: 180830

LAWMEN'S AND SHOOTERS SUPPLY INC
701 COLUMBIA BLVD
TITUSVILLE, FL 32780

820005 RECEIPT AMT
Y 480260 FIREARMS - WEAPONS SHOP
255 ZONING RESTRICTIONS APPLY-ZUP

If Received By	Please Pay
Sep 30, 2024	\$ 37.00
Oct 31, 2024	\$ 40.70
Nov 27, 2024	\$ 42.55
Dec 31, 2024	\$ 44.40
Jan 31, 2025	\$ 46.25

SAVE TIME RENEW ONLINE
WWW.BREVARDDTC.COM

SUBMIT COPY OF
PROFESSIONAL
LICENSE WITH
RENEWAL

7 00180830 2025 6

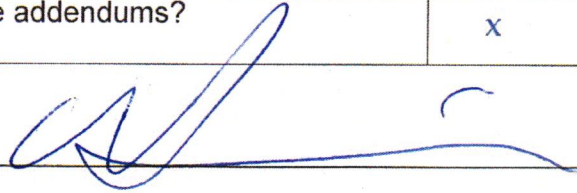
CITY OF FORT PIERCE BIDDER'S CHECKLIST

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:

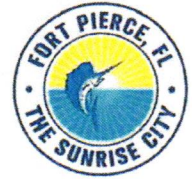
	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	x	
Include proof of insurance as stated in bid documents.		x
Are all of the Required forms complete and included?	x	
Is each Addendum (when issued) signed and included?	x	
Have you checked your bid for proper organization, tabs are correct?	x	
Are you in compliance with the page limitations?	x	
Hard Copy Submissions. Confirmation of one (1) original and one (1) copy on USB Drive.		x
Did you submit your bid electronically?	x	
Have you made sure your corporate address matches your Sunbiz information?	x	
Are you registered on Demandstar to receive addendums?	x	

PLEASE SIGN AND RETURN WITH BID _____





REVISED BID RESPONSE FORM



Bid Item	SERVICE PISTOL PURCHASE — POLICE DEPARTMENT		
Bid Number	2024-025	Due Date & Time	3:00 PM, TUESDAY, OCTOBER 1, 2024

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

Bid prices must include delivery to the City of Fort Pierce. A trade-in allowance is mandatory for this bid. Bidder shall agree to accept the trade-in firearms “as is, where is”. The final award amount will be determined based on the remaining price after deducting the trade-in allowance. Submission of this Bid response form signifies acknowledgment of these requirements.

ITEM NO.	BRAND AND ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1.	Glock 47 PA475S302MOS6H2 - HOLOSUN 509T with suppressor height sights and three magazines.	180	EACH	\$ 812.32	\$ 146,217.60
2.	Glock 47 Spare Magazines	200	EACH	\$ 19.00	\$ 3,800.00
3.	SafariVault® HolsterS MID- RIDE, LEVEL III DUTY HOLSTER RMRHD/TLR1HL	180	EACH	\$ 140.95	\$ 25,371.00
4.	Safariland #77 Covered double magazine Pouch	165	EACH	\$ 28.08	\$4,633.20
5.	6304RDS-SP10 ALS/SLS® Single Strap Tactical Holster	25	EACH	\$ 188.15	\$ 4,703.75
6.	Safariland 775 - SLIMLINE OPEN TOP TRIPLE MAGAZINE POUCH 775- 83 -13	25	EACH	\$ 19.45	\$ 486.25
7.	7378RDS – 7TS™ ALS® Concealment Paddle & Belt Loop Combo Holster	65	EACH	\$ 77.60	\$ 5,044.00

8.	Safariland MODEL 573 OPEN TOP MAGAZINE AND HANDCUFF POUCH Glock 17	65	EACH	\$ 29.40	\$ 1,911.00
9.	Safariland/Bianchi Ergotek Duty Belt, Plain finish model 7955	180	EACH	\$ 51.20	\$ 9,216.00
10.	Safariland Model 94 duty belt plain	180	EACH	\$ 50.67	\$ 9,120.60
11.	Safariland Handcuff pouch plain black Model 190	180	EACH	\$ 24.70	\$ 4,446.00
12.	Safariland Radio Pouch Model 761	180	EACH	\$ 31.25	\$ 5,625.00
13.	Safariland OC Pouch Model 38 plain black Mark 3	180	EACH	\$ 23.65	\$ 4,257.00
14.	Safariland Belt Keepers Model 7906 Plain Black	180	EACH	\$ 11.20	\$ 2,016.00
15.	Safariland ASP Holder Model 35 Plain	180	EACH	\$ 23.65	\$ 4,257.00
16.	Safariland Glove Pouch Plain Model 33-3	180	EACH	\$ 15.65	\$ 2,817.00
TOTAL AMOUNT FOR ITEMS NO. 1-16:				\$	233,921.40

TRADE-IN ALLOWANCE

ITEM NO.	BRAND AND ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1.	Glock 21SF	155	EACH	\$ 300.00	\$ 46,500.00
2.	Glock 30SF	49	EACH	\$ 300.00	\$ 14,700.00
3.	Safariland 6360/7360 holster	155	EACH	\$ 5.00	\$ 775.00
4.	Safariland Glock 21 double Magazine pouch	160	EACH	\$ 3.00	\$ 480.00
5.	Safariland 6378 Holsters	60	EACH	\$ 5.00	\$ 300.00

Addendum No. 2
Revised Bid Response Form

6.	Safariland MODEL 573 OPEN TOP MAGAZINE AND HANDCUFF POUCH	60	EACH	\$ 4.00	\$ 240.00
7.	Safariland 6305 ALS®/SLS TACTICAL HOLSTER W/ QUICK-RELEASE LEG STRAP	15	EACH	\$ 5.00	\$ 75.00
8.	Smith and Wesson 3000 12-gauge shotguns	3	EACH	\$ 150.00	\$ 450.00
9.	Remington 870 Wingmaster 12-gauge shotguns	2	EACH	\$ 175.00	\$ 350.00
TOTAL TRADE IN ALLOWANCE FOR ITEMS 1-9				\$	63,870.00

The award of the contract will be for the following amount:

TOTAL BID AMOUNT FOR FIREARMS AND ACCESSORIES REQUESTED IN LINES NO. 1-16 <p style="text-align: center;"><i>MINUS (-)</i></p> TOTAL TRADE-IN ALLOWANCE BID AMOUNT FOR ITEMS NO. 1-9	\$ 170,051.40
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VENDOR INFORMATION

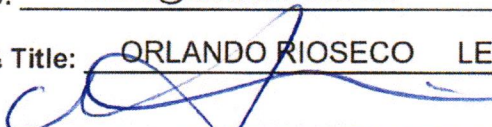
Vendor Name: LAWMEN'S AND SHOOTER'S SUPPLY INC.

Address: 701 COLUMBIA BLVD.

City, State, Zip Code: TITUSVILLE, FL. 32780

Email Address: BIDS@LAWMENS.NET

Typed Name & Title: ORLANDO RIOSECO LE/ GOV'T SALES REP

Signature:  Date: 9/10/2024

Telephone No.: 321-360-3033 Fax No.: 321-360-3049

(*Please include Remit to address on following page if different than address stated above)

Remit To: SAME AS ABOVE

Addendum No. 2
Revised Bid Response Form

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	
Native American	
Small Business	x
Women Owned	
Small Disadvantage Business	