



Procurement Services Division

2964 Richardson Drive ▪ Auburn, CA 95603 ▪ (530) 886-2122

LOCAL VENDOR PREFERENCE QUALIFICATIONS

Pursuant to Placer County Code Section 608(a) and Placer County Procurement Policy Section 4.1, a local preference credit of 5%, but not cumulatively greater than \$5,000.00, shall be granted to Placer County businesses when evaluating bids for supplies, equipment, materials, and personal services that are not part of a public project. In order to qualify for this preference, a vendor must meet all of the following criteria:

1. The local business shall have established a place of business within Placer County at least six (6) months prior to publication of the call for bids.
2. Where state sales tax will be paid for the purchase, the local business must possess a valid resale license from the State Board of Equalization showing evidence of a local business address within Placer County.

Suppliers claiming local vendor preference for any competitive solicitation must submit an Affidavit of Eligibility (see next page) with their response, unless an approved affidavit is already on file with Placer County Procurement. Submit completed affidavits via mail, fax or email to the following location:

Placer County Procurement
2964 Richardson Drive
Auburn, CA 95603-2964
Email: procurement@placer.ca.gov
Fax: **530-889-4288**

For questions or assistance relating to the County's local vendor preference policy, call us at 530-886- 2122.





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LOCAL VENDOR PREFERENCE - AFFIDAVIT OF ELIGIBILITY

Complete all areas below. Incomplete forms may be rejected. You may submit the form using one of the three following options: via U.S. mail to the address above, via fax to (530) 889-4288, or via email to procurement@placer.ca.gov.

1. LEGAL NAME OF FIRM:

Mailing Address:

Physical Address (if different):

Three horizontal lines for mailing address and three horizontal lines for physical address.

2. Year your business was established in Placer County: _____

3. For transactions which require sales tax, provide the following Reseller information:

Reseller Permit Number: _____

Enter the Company Name and Address as it appears on permit:

Three horizontal lines for company name and address.

4. Does your business have more than one office in the State of California?

Yes _____ No _____

If Yes, specify the office location considered as the point-of-sale for sales tax purposes:

Two horizontal lines for office location.

Under penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information to the County in an attempt to qualify for local preference shall be prohibited from bidding on Placer County products and services for a period of one (1) year, pursuant to Placer County Procurement Policy Section 11.0.

Authorized Signature: _____ Date: _____

Printed Name & Title: _____ Phone: _____

