



Finance – One Washington Square – San José, CA 95192-0008

Main: 408-924-1558 Fax: 408-924-1892

STEP ONE: Please complete the following information:

Company Name:
Name of Company Representative:
Phone Number:
Email Address:
Remit-to Address:

STEP TWO: Please attach the following documentation:

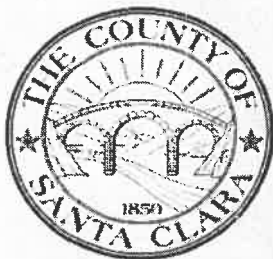
- 0 Copy of your current County Health Department License. (See Attachment B for sample.)
- 0 Completed Payee Data Record (Form 204 -Attachment C)
- 0 Certificate of Liability Insurance (Updated annually.)
 - 1. Certificate must include coverage as described in Attachment D. (See attachment E for sample.)
 - 2. Certificate must also name San Jose State University as an additional insured with an endorsement from your insurance company. (See attachment F for sample.)

STEP THREE: Please answer the following question:

Is your company willing to accept SJSU Procurement Cards (Visa credit cards with U S Bank) as payment for catering services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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STEP FOUR: Please mail this application and all required documentation to:

SJSU Contracts & Purchasing Services
One Washington Square, San Jose, CA 95192-0047
Phone: (408) 924-1558



ENVIRONMENTAL HEALTH PERMIT

PERMIT HOLDER IS RESPONSIBLE FOR THIS PERMIT: Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the address below on or before the expiration date. Late payments are assessed penalty.

PERMIT IS NOT TRANSFERABLE & MAY BE REVOKED FOR CAUSE. Permit is void on change of owner. New owner must apply and pay for permit (s) prior to operation or penalties will be assessed.

SANTA CLARA COUNTY-DEPARTMENT OF ENVIRONMENTAL HEALTH
1555 BERGER DR, SUITE 300, SAN JOSE, CA 951122716
408-918-3400

ENVIRONMENTAL HEALTH PERMIT

REGULATED FACILITY:

Facility ID:
Account ID:
Issued:

OWNER NAME:

Permit #

Valid From



SAN JOSÉ STATE UNIVERSITY
VENDOR DATA RECORD FORM 204
ACCOUNTS PAYABLE

FOR ACCOUNTS PAYABLE USE ONLY

STD. 204 (12.07.12/ac)

Vendor No.: _____

A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. See Privacy Statement on page 2. Note: Government entities, federal, state, local (including school districts) are not required to submit this form. Email completed form to vendor-request@sjsu.edu or fax to 408-924-1698. All sections (1 to 5) must be completed.

Section 1 Name & Address	Vendor's Business Name	DBA- Sole Proprietor (Owner's Full Name)													
	Address (Number and Street or P.O. Box)														
	City, State and Zip Code	Phone	Fax												
Section 2 Payee Entity Type and Small Business DVBE	Federal Employee Identification Number (FEIN) :	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
	Check Appropriate Box for Federal Tax Classification:														
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust Estate <input type="checkbox"/> Exempt Organization <input type="checkbox"/> Other: _____ <input type="checkbox"/> LLC (Select letter type)- C= Corporation; S= S Corporation; P= Partnership: _____														
Individual or Sole Proprietor-Social Security Number/ITIN:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
CA Certified Small Business/DVBE Certification Reference No.: _____															
Section 3 Vendor Activity	Check the Box That Describes Your Primary Business:														
<input type="checkbox"/> Equipment & Supplies <input type="checkbox"/> Services: Non-Medical <input type="checkbox"/> Services: Medical <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Other- Specify: _____															
Section 4 Vendor Residency Status for Tax Purposes All Payments Made by the University are Subject to Federal and California State Tax Laws	Check All Boxes That Apply Federal Income Tax Withholdings (Applies to Individuals Only):														
	<input type="checkbox"/> I am a U. S. Citizen <input type="checkbox"/> I am a Permanent Resident Alien and I have a Permanent Resident Green Card <input type="checkbox"/> I am not a U. S. Citizen and I do not have a Permanent Resident Green Card Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made.														
	<input type="checkbox"/> Tax Exempt by Tax Treaty Country of Residence: _____ <input type="checkbox"/> All Services Related to this Payment are Performed Outside of the United States <input type="checkbox"/> Federal Income Tax Withheld														
	California State Tax Withholding Status (Applies to All Vendors):														
<input type="checkbox"/> CA Resident- Qualified to do business in CA or have a permanent place of business in CA <input type="checkbox"/> CA Non-resident (See page 2)- Payments to CA non-residents may be subject to state taxes <input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the CA Franchise Tax Board) <input type="checkbox"/> All services related to this payment are performed OUTSIDE of the State of California															
Section 5 Certifying Signature	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform San José State University.														
Authorized Vendor Representative's Name		Signature	Date	Phone											

San José State University
PAYEE DATA RECORD
 STD. 204 (12.07.12/ac) (REVERSE)

PURPOSE

Information contained in the Payee Data Record, STD. 204 will be used by state agencies to prepare information returns (Form 1099) and for withholding on payments to non-resident vendors. Prompt return of this fully completed form will prevent delays when processing payments.

Questions should be directed to:

San José State University Phone: 408-924-1558
 Accounts Payable Office Fax: 408-924-1698
 One Washington Square Email: vendor-request@sjsu.edu
 San Jose, CA 95192-0041

Requirement to Complete Payee Data Record, STD. 204

A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.

Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and non-resident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.

1	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.
2	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p> <p>Payment will not be processed without an accompanying Taxpayer ID number.</p>
4	<p><u>Are you a California resident or non-resident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident. Rules for assessing State taxes differ significantly from Federal tax rules.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform particular contract of short duration will be considered a non-resident.</p> <p>Payments to all non-residents may be subject to withholding. Non-resident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>Prior to making payments to foreign citizens, United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes.</p> <p>For information on residency status, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 Website: www.ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Email address: wscs.gen@ftb.ca.gov</p>
5	Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on this form.

Insurance Coverages

The intent of this communication is to inform you of the standard insurance coverages and limits for doing business with San Jose State University.

The certificate holder field at the bottom of the page must be completed indicating that San Jose State University has been added as an additionally insured. The section should read:

'The State of California, their employees, officers and agents, Trustees of the California State University their employees, officers and agents, and San Jose State University, their employees, officers and agents are added as additionally insured.'

Minimum insurance coverages are designated below.

General Liability:

A minimum coverage of \$1,000,000 per occurrence and \$2,000,000 aggregate is required

Automobile liability:

A minimum coverage of \$1,000,000 per occurrence is required

Worker's Compensation

A minimum coverage amount set by Federal law (currently set at \$1,000,000 per occurrence)

Endorsement:

An endorsement changes the insurance policy to add SJSU. This document is on a separate page from the insurance certificate

These insurance requirements must be met prior to commencement of work on campus or acceptance of work, service request, or purchase order from any campus entity.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The State of California, Trustees of the California State University System, San Jose State University, their officers, employees, representatives, volunteers or agents are named as additional insureds with respects to the general liability and automobile liability insurance. Insurance is primary. General Liability endorsement is attached.

CERTIFICATE HOLDER

CANCELLATION

San Jose State University
 129 S 10th Street
 San Jose, CA 95192-0047

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

POLICY NUMBER:

COMMERICAL GENERAL LIABILITY

THIS ENDORSEMENTS CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED- OWNERS, LESSEES, OR CONTRACTORS- SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person of Organization:

The state of California, Trustees of the California State University System, San Jose State University, their officers, employees, representatives, volunteers or agents are named as additional insureds with respects to the general liability and automobile and worker's compensation coverage.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. **Section II- WHO IS AN INSURED** is amended to include as an Insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional Insureds, the following exclusion id added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including material, parts or equipment furnished in connection with such work, on the project (other than services, maintained, or repairs) to be performed on or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended used by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

PRIMARY INSURANCE:

IT IS UNDERSTOOD AND AGREED THAT THIS INSURANCE IS PRIMARY AND ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED SHALL BE EXCESS ONLY AND NOT CONTRIBUTING WITH THIS INSURANCE.