Exhibit "G"
ITB #2026-0148

LOCAL VENDOR PREFERENCE
AFFIDAVIT OF ELIGIBILITY

Complete all areas below. Incomplete forms may be rejected.

1. LEGAL NAME OF FIRM:
   Mailing Address: _____ Physical Address (if different): _____

2. Year your business was established in El Dorado County: _____

3. Business License Number issued by El Dorado County, or incorporated City within the County:
   License Number: _____ Issued by: _____

4. 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:
   _____

5. 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:
   _____

6. Was the local business required to pay business and/or real property tax for the most recent tax year?
   ☐ Yes ☐ No
   If Yes, did the local business pay any of this tax to El Dorado County?
   ☐ Yes ☐ No

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Under penalty or 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 County of El Dorado products and services for a period of one (1) year, pursuant to County of El Dorado Board of Supervisors Policy C17, Section 5.7.1.

Authorized Signature: _____ Date: _____

Printed Name & Title: _____ Phone: _____

CLEAR FORM PRINT FORM