

BUSINESS PROFILE

VENDOR REGISTRATION FORM

Community Redevelopment Agency
of the CITY OF LOS ANGELES



Return to:

CRA/LA
Contracts & Purchasing Department
354 South Spring Street, Suite 500
Los Angeles, California 90013

T 213 977 1627
F 213 626 0090
www.crala.org

BUSINESS NAME (HQ)			LOCAL AREA BUSINESS NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE	EMAIL		PHONE	EMAIL	
CONTACT PERSON			CONTACT PERSON		
PROFESSIONAL/TECHNICAL <input type="checkbox"/>	SUPPLIER/SERVICE <input type="checkbox"/>	CONTRACTOR/CONSTRUCTION <input type="checkbox"/>		DEVELOPER <input type="checkbox"/>	
SERVICES PROVIDED (see attached Business Profile Categories sheets)					
SERVICES SOLD (see attached Business Profile Categories sheets)					
CONTRACTOR LICENSE #		LA BUSINESS REGISTRATION CERTIFICATE (BTRC#)		FED TAX ID#	

Ownership of Business			Percentage of Ownership/Owner Ethnicity							
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORPORATION	MALE	FEMALE	Ownership %	NON-MINORITY	BLACK	HISPANIC	ASIAN	AMERICAN INDIAN
<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> OTHER								
Names of Owners										
			<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Workforce Utilization Analysis (Local Office)													
	Men						Women						Total Number of Persons
	NON-MINORITY	BLACK	HISPANIC	ASIAN	AMERICAN INDIAN	TOTAL MEN	NON-MINORITY	BLACK	HISPANIC	ASIAN	AMERICAN INDIAN	TOTAL WOMEN	
Official/Managers													
Professional													
Technician													
Para-professional													
Subtotal													
Office/clerical													
Skilled Crafts													
Service/maintenance													
Total													

Declaration: I certify that the foregoing information is accurate and true and will notify the CRA/LA of any changes.

SIGNATURE OF OWNER OR PRINCIPAL	TITLE	DATE SIGNED
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