



## Preferred Vendor Application

A major purpose of Lookout Village is to enable our members to access safe and reliable professional services, and we take our responsibility seriously. We are pleased to facilitate the connection of our members with reliable fee-for-service vendors.

If you would like to join our team of preferred vendors, please complete the following application. If your organization meets our threshold criteria, we will be contacting you to arrange a personal interview to further ensure there is a good match between the professionals we vet and our members.

Thank you!

### Company Business Information:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Is this business a sole proprietorship? Y/N Tax ID Number: \_\_\_\_\_

Business hours: \_\_\_\_\_

Emergency hours, if applicable: \_\_\_\_\_

Main phone (with area code): \_\_\_\_\_

Mobile phone (with area code): \_\_\_\_\_

Emergency phone (if any) (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

We would like to interview three individuals who have used your services and are willing to recommend you. Please let them know we plan to interview them so they will expect to hear from us. After checking with them, list their names, daytime telephone numbers, and email addresses.

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Company Description:**

Briefly describe the services you provide: \_\_\_\_\_

What year did your business begin? \_\_\_\_\_

What is the amount of your liability insurance coverage\*? \_\_\_\_\_

Are you registered/licensed to do business in the State of Iowa\*? Y/N

Are you professionally licensed\*? Y/N

Are you bonded\*? Y/N

***\*Please include proof of insurance, licensure and bonding with your application.***

What is your geographic service area? \_\_\_\_\_

Do you perform criminal background checks on individuals whom you hire? Y/N

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If your organization meets our threshold criteria, we will be contacting you to arrange a personal interview to further ensure there is a good match between the professionals we vet and our members. Please do not hesitate to call us at (712) 485-5060 if you have questions regarding the application or our vetting process.

Do you know of other area vendors that you feel would be a good resource for our members? Please provide their contact information below so we can reach out to them. Thanks!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail completed application, along with proof of insurance, licensure and bonding, if applicable to:

**Lookout Village  
P.O. Box 143  
Neola, IA 51559**

THANK YOU!