Lake Superior State University Purchasing Department 650 W. Easterday Avenue Sault Ste. Marie, MI 496783 Phone: (906) 635-2222 Fax: (906) 635-2111 Email: crye@lssu.edu

## Local Vendor Preference Affidavit of Eligibility

1. Legal Name of Business

Mailing Address	Physical Address (if different)
2. Michigan Business License Num	ber

 Date your business was established in the Tri-County area of Chippewa, Mackinaw, and Luce Counties

Under the penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person or entity intentionally submitting false information to Lake Superior State University in an attempt to qualify for local preference shall be prohibited from bidding on Lake Superior State University's products and services for a period of one (1) year.

Authorized Signature:	Da	te:
C		
Printed Name & Title:	Pho	one: