OATEApril 7, 2020	The City of Orange Township, New Jers NUMBER					
UNIFORMS WITH W NEWARK, NEW JERS	UTHORIZING A CONTRACT TO PURCHASE ITH GALLS UNIFORMS, 1015 BROAD STREET, SEY, 07102 UNDER STATE CONTRACT #20-FOOD-30, 2020, IN AN AMOUNT NOT TO EXCEED					
WHEREAS, the contract with Department personnel expired or	Galls Uniform to provide uniforms for Orange Police n December 31, 2019; and					
WHEREAS, Galls Uniform is a state contract vendor under State Contract 20-FOOD-00801 for Uniforms Class "A", "B", and security officer and shoes Class "A"; and						
WHEREAS, Galls Uniform has	performed in an effective and efficient manner; and					
WHEREAS, there are police officers who must be issued uniforms as part of their contract with the City of Orange Township; and						
	Officer of the City of Orange Township has prepared the bility of Funds, certifying the funds are available in the					
	RESOLVED that the Municipal Council of the City of extension the contract with Galls Uniform to April 30, \$20,000.00					
ADOPTED:						
Joyce L. Lanier	Tency A. Eason					
City Clerk	Council President					

thecity Atternet

CITY OF ORANGE TOWNSHIP FINANCE DEPARTMENT

CERTIFICATION OF FUNDS NEXT BUDGET

I, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2020 service contract, and the resolution presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Tempoary Budget and adopted 2020 Budget, there will be sufficient funds to contract with:

Vendor Name: Galls Parent Holdings, LLC.

Address: 1340 Russell Cave Road

City: Lexington State: Kentucky Zip Code: 40505

Purpose: Provide Police Uniforms

Vendor ID: GALLS015

Fund: Current Fund

Line Description OPD- Police - Uniforms, Clothing, Etc.

Account Numbers(s): CY'20

0-01-25-240-000-302

\$ 20,000.00

Blanket PO#: 20-00217

Amount not to exceed: \$

20,000.00

Division Head

Date

Chief Financial Officer

Date

Form W-9 (Rey. Octóber 2018)

(Rev. October 2018)
Department of the Treasury
Themal Revenue Savice

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
٠	Galis Parent Holdings, LLC	1101,00019 010 1110 010-1								
	2 Business name/disregarded entity name, if different from above									
	Galls, LLC DBA Universal Uniforms									
		to be estand on line 4. Check sub-	one of the	4 Everno	ine L	خداند	enih	onk t	_	
	3 Check appropriate box for federal tax classification of the person whose name of the person wh	e is emered on the 1. Creck only	red on the 1. Check only one of the			4 Examptions (codes apply only to certain entities, not individuals) see instructions on page 3):				
Print or type. Specific Unstructions on page 3.	Individual/sole proprietor or C Corporation S Corporation is tingle-maniber LC	Partnership Tr	artnership Trust/estate							
	Timited liability company. Enter this tax classification (C=C corporation, S	«S corporation, P=Partnership) ▶	artnership) ► P							
	Note: Check the appropriate box in the line above for the tax classification. LC if the LC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax priside another LLC that is not disregarded from the owner should check the appropriate box for the trade.	n of the single-member owner. Do om the owner unless the owner of urposes. Otherwise, a single-mem	and the and							
	2 Other (see instructions)	er crossingswer: as the carriers				(Applies to accounts maintained outside the U.S.)				
	6 Address (number, street, and apt. or suite no.) See instructions.	Reque	quester's name and address (options)							
	P.O. Box 71628	·			•	•				
•	8 City, state, and ZIP code									
	Chicago, IL 60694-1628									
	7 List account number(s) here (optional)									
	s was demanded that man fall state delimated									
- 0	Taxpayer Identification Number (TIN)									
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number									7	
backito withholding. For individuals, this is generally your social security number (SSN). However, for a			1	TI		Г	T	TT	ಠ	
resident alien, sole proprietor, or disregarded entity, see the instructions for Pert I, leter. For other				-				1 1		
	ities, it is your employer identification number (EIN). If you do not have a /, later.	number, see How to get a	or			L				
	n rater. te: If the account is in more than one name, see the instructions for line 1	Also see What Name and		dentificat	ion ni	mber	•			
	mber To Give the Requester for guidelines on whose number to enter.	, FADO ODO FFRIEL TORRE OTO		T	П	T	T	T		
			8 2	- 4 0	9	9 4	1 6	9		
, 10	art II Gertification				<u> </u>					
	der penalties of perjury, I certify that:									
		her for I am waiting for a rumi	ber to be is:	sued to m	e): an	d				
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 										
3. [am a U.S. citizen or other U.S. person (defined below); and									
4.	The FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting is co	orect.							
yoù	rtification instructions. You must cross out item 2 above if you have bean no in have falled to report all interest and dividends on your tax return. For real es quisition or abandonment of secured property, cancellation of debt, contribut for than interest and dividends, you are not required to algo the certification, i	state transactions, item 2 does : lons to an individual retirement	not apply. Fo arrandemen	or moitgag it (IRA), an	inte d gen	rest (erally	said, Dayt	nents	USO	
	gn Signature of Paul & Selami	Qato►	4-	24-	0	/رے	9			
General Instructions		• Form 1099-DIV (dividend	is, including	those fro	m sto	cks (or wr	tual	~ -	
Section references are to the Internal Revenue Code unless otherwise noted.		funds) • Form 1099-MISC (various types of income, prizes, awards, or gross								
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)								
		Form 1099-S (proceeds from real estate transactions)								
P	urpose of Form	 Form 1099-K (merchant card and third party network transactions) 								
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) which may be your social security number (SIN), individual texpayer identification number (TIN), adoption payer identification number (ATIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of Information		 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 								
		• Form 1099-C (canceled debt)								
		 Form 1099-A (acquisition or abandonment of secured property) 								
		Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.								
re	turns include, but are not limited to, the following. Form 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TiN, you might be subject to backup withholding. See What is backup withholding, later.								



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

GALLS PARENT HOLDINGS LLC

Trade Name:

Address:

1340 RUSSELL CAVE RD

LEXINGTON, KY 40505

Certificate Number:

Effective Date:

May 08, 2019

Date of Issuance:

May 08, 2019

For Office Use Only:

20190508081520868

01/18/18

Taxpayer Identification# 203-545-989/001

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

Director

New Jersey Division of Revenue.

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON A TREASURES

TAXPAYER NAME:

GALLS, LLC

ADDRESS:

1340 RUSSELL CAVE RD LEXINGTON KY 40805 EFFECTIVE DATE:

01/18/18

TRADE NAME:

SEQUENCE NUMBER:

2199412

ISSUANCE DATE:

01/18/18

Director
New Jersey Division of Revenus