



# LOCAL PREFERENCE PURCHASING POLICY SUPPLIER APPLICATION

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Length of time business has operated in the Liverpool Plains Shire local government area: \_\_\_\_\_ years/months

Number of full time staff operating from the business address \_\_\_\_\_

Please provide information showing more than 49.9% ownership of the business:

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**LIVERPOOL PLAINS SHIRE COUNCIL**

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