



STATE OF MISSOURI
DEPARTMENT OF REVENUE
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPDOR230043

REQ NO.:

TITLE: Location License Office Savannah License Office

BUYER: Tara Ronimous

ISSUE DATE: 01/18/2023

PHONE NO.: (573) 751-2145

EMAIL: Tara.Ronimous@dor.mo.gov

RETURN PROPSAL NO LATER THAN: 01/31/2023

AT 2:00 PM CENTRAL TIME (END DATE)

RFP RESPONSE MUST BE SUBMITTED ELECTRONICALLY THROUGH MissouriBUYS. <https://missouribuys.mo.gov/>

MAILED, COURIER, OR HAND-DELIVERED RFP RESPONSE WILL NOT BE ACCEPTED.

CONTRACT PERIOD: Effective Date of Contract through five (5) years.

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

DELIVER SUPPLIES/SERVICES FOB (Free on Board) DESTINATION TO: Savannah, MO	DELIVER SERVICES FOR: Department of Revenue P.O. Box 311 Jefferson City, MO 65105
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The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 11/09/2022.) The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Department of Revenue or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

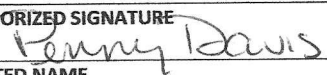
SIGNATURE REQUIRED

VENDOR NAME Andrew County License Bureau	MissouriBUYS System ID (See vendor profile – main information screen) MD00192164
MAILING ADDRESS 420 Court St	
CITY, STATE, ZIP CODE Savannah Mo 64485	

CONTACT PERSON Penny Davis	EMAIL ADDRESS pennydavis@live.com
PHONE NUMBER 816-617-2582	FAX NUMBER

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)

- Corporation
 Individual
 State/Local Government
 Partnership
 Sole Proprietor
 IRS Tax Exempt

AUTHORIZED SIGNATURE 	DATE
PRINTED NAME Penny Davis	TITLE owner