

## LOCAL VENDOR CERTIFICATION

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office or distribution point located in and having a street address within Leon County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
- b) Holds any business license required by the County, and, if applicable, the City of Tallahassee (please attach copies); and
- c) Employs at least one (1) full time employee, or two (2) part time employees whose primary residence is in Leon County, or, if the business has no employees, the business shall be at least fifty percent (50%) owned by one or more persons whose primary residence is in Leon County.

Please complete the following in support of the self-certification. Failure to provide the information requested will result in denial of certification as a local business.

|  |                         |
|--|-------------------------|
| Business Name:   |                         |
| Current Local Address:   |                         |
| If the above address has been for less than six months, please provide the prior address.  |                         |
| Length of time at this address   |                         |
| Number of Employees and hours worked per week by each:   |                         |
| Name and Address of Owner(s) who reside in Leon County and who in total own at least 50% or more of the business. Attach additional sheets as necessary. | Percentage of Ownership |
| 1.   |                         |
| 2.   |                         |

\_\_\_\_\_ Signature of Authorized Representative \_\_\_\_\_ Date

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By \_\_\_\_\_, of \_\_\_\_\_,  
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a \_\_\_\_\_ corporation, on behalf of the corporation.  
(State or place of incorporation)

He/she is personally known to me or has produced \_\_\_\_\_ as  
 identification. (type of identification)

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Print, Type or Stamp Name of Notary

\_\_\_\_\_  
 Title or Rank

\_\_\_\_\_  
 Serial Number, If Any