



INTERLOCAL M/WBE CONSORTIUM RE-CERTIFICATION APPLICATION

Minority/Women Business Enterprise Data Sheet

(INSTRUCTIONS: Please complete this form in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate letter. Unanswered questions may be reason for denial.)

A. Name of Firm:
Owner of Firm:
Primary Contact:
Street Address: City State Zip
Mailing Address (If Different):
Phone Number: Fax:
E-Mail Address: Web Site Address:

B. MBE/WBE Status (Please check only one and indicate percentage amount):
[] African/Black American [] Native American Indian
[] Hispanic American [] Non-Minority Woman
[] Asian American

C. Federal Tax I.D./EIN No. or Social Security No. of Owner:

D. Type of Firm (Check one): [] Sole Proprietorship [] Partnership [] Corporation
[] Limited Liability Corporation [] Limited Liability Partnership

E. Nature of Business: Please specify major services/products changes pertaining to your business:

F. Number of full-time employees: Number of part-time employees

G. Annual Gross revenue last year: \$

H. Net worth of firm: \$

Name of Business _____

- I. **Licenses Required to Conduct Business:** Attach copies of any required local, county and state active business occupational/professional license(s) and permits(s), i.e. contractors, PUC, A&E, HVAC, registration, etc. For each license/permit attached indicate

Name of Licensing Entity	Name of Licensee/Qualifying Individual	Type of Licensee	% of Ownership	Minority Status	Date of Expiration

- J. **Has the business ownership or percentage of ownership changed since the last certification?** Yes [] No []

If so, below list the current owners' names and percentage of ownership

Name	Sex	Ethnic Group	% Owned

- K. **Has the duties and responsibilities of the Directors, Officers and/or Managers who participate in day-to-day management of the business changed?** Yes [] No []

If so, list the name of Directors, Officers and Managers who participate in day-to-day management of the firm, their titles, duties and responsibilities that have changed

Name	Title	Duties & Responsibilities

- L. **Has a governmental entity denied MBE certification to your firm during the past year?**

Yes [] No []

If yes, please identify the governmental entity and location:

Name of Business _____

AFFIDAVIT

The undersigned does hereby swear that the foregoing statements and attachments are true, accurate and include all information requested to completely identify and explain the ownership, control and operation of _____ (Name of Enterprise) and that none of the information supplied was for the purpose of misrepresenting the matters stated.

It is recognized and acknowledged that the statements herein are being given under oath and any misrepresentation may be grounds for terminating any contract awarded in reliance hereon and may be grounds for disqualification of the firm for other contracts. It is further recognized and acknowledged that MBE Certification with the City of Tallahassee and Leon County will automatically terminate by the sale, exchange, or transfer of ownership of the business by minority/women group members. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the City of Tallahassee or Leon County M/WBE Offices.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the City of Tallahassee/Leon County may result in the revocation or denial of MBE Certification of the above named minority business and/or any other minority business in which owner(s) have an interest. In addition, it may also result in the barring of any business in which such owner(s) have an interest from performing any contracting or procurement business with the City of Tallahassee/Leon County.

By submitting this application the above named firm hereby agrees to furnish all documents/records and other information, which at any time may be requested by the City of Tallahassee/Leon County in order to review, investigate or to confirm the minority status of the business or owner(s) for Certification as a minority business. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement furnished herein and the documents herewith are true and correct, and that I am authorized, on behalf of the above firm, to make this affidavit.

Signature

Title

On this ____ day of _____, 20____ before me appeared _____ to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (Name of Firm) _____ to execute the affidavit and did so as a free act and deed.

Notary Public

My Commission Expires

Name of Business _____

Recertification Document Checklist

Name of Firm: _____

The following items are to be forwarded to the Office of Minority Business Enterprise as documentation. Failure to comply with this request may result in certification denial.

- _____ (a) Application's Affidavit notarized
- _____ (b) Certificate showing the type of insurance and coverage limitation held by the firm
- _____ (c) Copies of other City, State & Federal MBE/WBE Certification(s)
- _____ (d) Copy of Business Tax Certificate (if applicable obtain a copy of a Professional License used to conduct business)
- _____ (e) Signed Copy of Prior Year Business Tax Return

If there have been any changes in your business since your last certification, please include the following:

- _____ Copies of Firm's Stock Certificate(s) and Stock Transfer Agreement(s)
- _____ Detailed resumes of all principals and owners
- _____ Articles of Incorporation or Articles of Organization
- _____ Corporate Bylaws and minutes of organizational meetings
- _____ Business Insurance Certificate

Please Note: If there is a change in ownership or control of the business, or if you propose to provide additional services not listed previously, the MBE Office must be contacted and a new Certification Application completed. Furthermore, the MBE office must be notified of any business name, address or phone number changes so that we have the most up to date information available concerning your business. Failure to report such changes may constitute grounds for cancellation of this certification

THIS CERTIFICATION IS VALID FOR ONE (1) YEAR

Please return Application to:

City of Tallahassee MBE Office
300 S. Adams Street, Mailbox A-11
Tallahassee, FL 32301
(850) 891-6500

[OR]

Leon County M/WBE Office
2284 Miccosukee Rd.
Tallahassee, FL 32308
(850) 488-7509

FOR MBEO USE ONLY:

Date Reviewed: _____

Type: _____

Approved By: _____

Not Approved By: _____