



Leon County
Board of County Commissioners

Small Business Enterprise Certification Application

Mail To:

Minority, Women & Small
Business Enterprise Division

2284 Miccosukee Road
Tallahassee, Florida 32308

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 section. Incomplete questions may be grounds for certification denial. The following information is provided to assist you with the completion of this application.

Certification Eligibility Criteria:

1. Majority Owner(s) must reside and the business must currently be located in Leon, Gadsden, Jefferson or Wakulla Counties (Local Market Area) Florida.
2. Majority Owner(s) must be a United States Citizen or lawfully admitted permanent resident of the United States.
3. Applicant Owner(s) business must be legally structured either as a corporation, organized under the laws of Florida, or a Partnership, sole proprietorship, limited liability, or any other business or professional entity as required by Florida Law, and must be a for-profit business concern.
4. Applicant Owner(s) business must be an Independent firm and not an affiliate, front, façade, broker, or pass through.
5. Applicant Owner(s) business must currently be licensed as required by local, state, and federal law; business must be engaging in commercial transactions typical of the field, with customers in the Local Market Area other than state or government agencies, for each specialty area in which Certification is sought. Furthermore, if a supplier, the business must be making sales regularly from goods maintained in stock.
6. Applicants Owner(s) business must have an overall understanding of technical and expertise normally required by the industry for the field for which Certification is sought and provide a resume stating such.
7. Applicant Owner(s) business must have a net worth of no more than \$2 million.
8. Applicant Owner(s) business must employ 50 or fewer full- or part-time employees, including leased employees.
9. Applicant Owner(s) business annual gross receipts on average, over the immediately preceding three (3) year period, shall not exceed:
 - a. For businesses performing Construction -\$2,000,000/year
 - b. For businesses providing Other Services or Materials & Supplies - \$2,000,000/year
 - c. For businesses providing Professional Services - \$1,000,000/year
10. The business must have been established for a period of one (1) calendar year prior to submitting its application, and must serve a commercially useful function with a record of satisfactory performance on no less than three (3) projects in the business area for which it seeks certification during the past twelve (12) calendar months.

PLEASE REVIEW THE APPLICATION AFFIDAVIT SECTION CAREFULLY IN WHICH YOU WILL ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS DOCUMENT.

***This application is not deemed complete until the attached affidavit has been signed and notarized.**

Name of Business:

Owner(s) of Business:

Primary Contact Person:

Business Street Address:

Business City/State/Zip:

Business Mailing Address (if different):

Business Telephone Number:

Fax Number:

Business E-Mail Address:

Web Site:

Home Office Address (if different):

Federal Employer Identification Number (FEIN):

Number of years in Business:

Does a majority of the business owner(s) reside in Leon, Gadsden, Jefferson or Wakulla County, Florida:

Yes No

Is the majority owner(s) a citizen of the United States? Yes No

Ownership of Business:

Identify the firm's current Board of Directors as specified below (If applicable). Use additional sheet of paper if necessary

Name	Title/Position	Telephone Number

Is the business a for profit? Yes No

Type of Business (Check one):

<input type="checkbox"/> Sole Proprietorship	Date Established:	
<input type="checkbox"/> Partnership	Date Established:	
<input type="checkbox"/> Corporation	Date of Incorporation:	State of Incorporation:
<input type="checkbox"/> Limited Liability	Date Established:	

Type of Business (Check one):

- Wholesale Distributing Professional Services Goods & Services Other
 Manufacturing or Production Construction Related Retail Dealer Consultant (Please Specify)

List specific product(s)/service(s) in your business's area of expertise that you wish to certify; and attach documentation supporting the expertise. Documentation can be in the form of a resume, certification, etc.

Check Appropriate Status (Used only for statistical purposes):

- | | |
|---|--|
| <input type="checkbox"/> African/Black American | <input type="checkbox"/> Native American/Indian American Aleut |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Non-Minority Women |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> White Male |

Does the firm have a MWBE certification from Leon County, the City of Tallahassee or Leon County School District: Yes No

Does your business employ fewer than 50 Full-Time, Part-Time, or Leased Employees? Yes No

Specify the business average annual gross receipts for the immediate preceding three (3) year period and provide photocopies of the past three years income tax returns or balance sheets.

200__ \$ _____, 200__ \$ _____, 200__ \$ _____

What is the firm's net worth: \$ _____ **Year** _____

1. Include the value of the office location if owned by the company.
2. Include major equipment and in stock inventory
3. For a sole proprietorship, include both personal and business assets

Licenses required to conduct business: *Attach copies of any required local, county, and state active business, occupational, or professional licenses and permits (i.e., contractor, PUC, A&E, HVAC registration) for each license/permit.*

Checklist of Documents for Submittal

- Proof of residence for all owners/directors (driver's license, homestead exemption, or voter registration).
- Last three years' income tax returns or balance sheets to substantiate the annual gross receipts and net worth amounts.
- Occupational/Business Registration License(s)
- Professional License(s)
- Business Insurance Certificate
- Area of expertise documentation

Please return this completed and notarized Application to:

Leon County

Minority, Women and Small Business Enterprise Division

2284 Miccosukee Road

Tallahassee, Florida 32308

(850) 606-1650

(850) 606-1651 Fax

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 the Firm, Business, or Enterprise listed below, 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 the SBE Certification with Leon County will automatically terminate upon the sale, exchange, or transfer of ownership of the business. The undersigned further agrees to immediately report the sale, exchange or transfer of ownership to Leon County MWSBE Division.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to Leon County may result in the revocation or denial of the SBE Certification of the above named business or any other business in which the 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 Leon County.

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

Name of Business, Firm, or Enterprise

Certification

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