



Leon County Board of County Commissioners

Small Business Enterprise Certification Application

INSTRUCTIONS: Please complete this Certification Application 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; and
 - 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 an application, must serve a commercially useful function, and have a documented record of satisfactory performance during the past twelve (12) months on a minimum of three (3) projects in the business area for which certification is being sought.

A. Name of Business: _____
Owner(s) of Business: _____
Primary Contact: _____
Business Street Address: _____ **City /State/Zip:** _____
Mailing Address (If Different): _____
Phone Number: _____ **Fax:** _____
E-Mail Address: _____ **Web Site:** _____
Federal ID Number or Social Security No. of Owner: _____
Does the majority of the business owner(s) reside in Leon, Gadsden, Jefferson, or Wakulla County, FL:
 Yes No
Is the majority owner(s) a citizen of the United States? Yes No
Number of years in Business: _____

B. Check Appropriate Status (Used only for statistical purposes):
 [_____%] African/Black American [_____%] Native American Indian, American Aleut
 [_____%] Hispanic American [_____%] Non-Minority Women
 [_____%] Asian American [_____%] White Male

C. Ownership of Business:
Identify the Business current Board of Directors as specified below (If applicable). Use additional sheet of paper if necessary.

Name	Title/Position	Telephone Number

D. Is the Business a for profit? Yes No

E. Type of Business (Check one):
 Sole Proprietorship Partnership Corporation Limited Liability Corporation
 Limited Liability Partnership
 Date Established and/or Incorporated: _____

F. Area of Expertise or Specialty:
 Wholesale Distribution Professional Services Goods & Services Other
 Manufacturing or Production Construction Related Retail Dealer Consultant

Name of Business _____

G. Identify 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.

H. Does the business have an M/WBE Certification from Leon County or the City of Tallahassee?
 Yes No

I. Does the business employ fewer than 50 Full-Time, Part-time, or Leased Employees?
 Yes No

J. Specify the business average annual gross receipts (Attached last three years' Income Tax Returns or Balance Sheets.
201___ \$ _____, 201___ \$ _____, 201___ \$ _____

K. What is the business' current net worth? _____

L. 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 Owner(s)/Director(s) (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
- A documented record of satisfactory performance during the past twelve (12) months on a minimum of three (3) projects in the business area for which certification is being sought.

Please return this completed and notarized Application to:
Leon County
Minority, Women, and Small Business Enterprise Division
1800-3 N. Blair Stone Road
Tallahassee, Florida 32308
(850) 606-1650
(850) 606-1651 Fax
www.leoncountyfl.gov/mwsbe

Name of Business _____

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

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 Business) 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 Small Business Enterprise (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 of Business Owner **Title**

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

Notary Public My Commission Expires

This application is not deemed complete until the above Affidavit has been signed and notarized.