

PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE
APPLICATION FOR CERTIFICATION

Please Read This Page Prior To Filling Out Application

AFFIDAVIT

PALM BEACH COUNTY VENDOR ID # _____

The undersigned does hereby declare that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

(Insert full name of applicant company here)

Further, the undersigned agrees to provide the Certifying Agency (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own small business enterprise or minority/woman business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Small Business Enterprise (SBE) or Minority Business Enterprise (MBE), or Women - Owned Business Enterprise (WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for certification or recertification.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm.

Further, the undersigned acknowledges on behalf of the applicant business, that the applicant business is ready, willing and able to perform work for Palm Beach County Board of County Commissioners and intends to actively compete for such opportunities with the Board of County Commissioners as are within the applicant's scope of business.

Further, the undersigned understands that all documents submitted will become public record.

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

Furthermore, the undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, MBE or WBE; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

FRAUD

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state and federal laws which deal with fraud and perjury. The AGENCY may initiate actions as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

The undersigned further acknowledges that certification is normally reviewed every three (3) years, However, the AGENCY retains the right to reevaluate the certification of any firm at any time .

Signature

Name (type or print)

Title

Date

On this _____ day of _____, 200_ , before me appeared _____

to me personally known or proven to be the person who did execute the foregoing affidavit, and represented that he/she was properly authorized by _____ (name of firm) to execute the affidavit and did so as his/her free act and deed.

Notary Public

State of _____

Commission Number _____

My Commission Expires _____

PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE
APPLICATION FOR CERTIFICATION

[] Small Business Certification (SBE)

Check here for M/WBE certification: [] Minority-owned Business or [] Woman-owned Business

**PLEASE READ CAREFULLY - TYPE OR PRINT - ANSWER ALL QUESTIONS - ATTACH ADDITIONAL INFORMATION
FAILURE TO FULLY COMPLETE APPLICATION OR PROVIDE DOCUMENTS WILL DELAY PROCESSING.**

1. COMPANY NAME _____

MUST BE SAME NAME USED FOR VENDOR REGISTRATION

Principal Place of Business Address _____

Street Address _____

P.O. Box _____ City _____ State _____ Zip Code _____

D/B/A (Doing -Business-As) Name: _____

Federal ID Number (FEIN) _____ **or Social Security Number** _____

Telephone No. () _____ Alt No. () _____ Fax No. () _____

E-mail Address: _____ Internet Address: **Http://** _____

Business Owner(s) _____ M [] F []

_____ M [] F []

2. MINORITY AND/OR WOMAN OWNED BUSINESS [] Yes [] No If yes, complete the following:

A. ____% (A) Asian American ____% (B) Black American ____% (H) Hispanic American
____% (N) Native American ____% (W) White (non-Hispanic) ____% (O) Other _____ specify

B. ____% (F) Female ____% (M) Male

C. Is the principal owner a citizen of the United States? ____ YES ____ NO ____ Not Applicable

If NO, is the principal owner a Lawful Resident of the United States? ____ YES ____ NO

D. Country of Origin _____

3. TYPE OF BUSINESS OWNERSHIP - Complete the Section that applies to your type of business entity.

____ Sole proprietorship ____ Corporation ____ Partnership ____ Other (explain) _____

4. LIST COMPANY SUBSIDIARIES, BRANCHES AND DIVISIONS :(Attach additional information if needed)

Contact	Address	Telephone No.
_____	_____	_____
_____	_____	_____

5. LIST THE MAJOR FIELD OF OPERATION AND/OR ALL PRODUCTS SOLD AND/OR SERVICES OFFERED BY YOUR COMPANY.

NOTE: This description will be used in the OSBA S/M/WBE Directory.

6. HOW WAS THE BUSINESS STARTED BY ITS PRESENT OWNERS? (Date Established) _____

_____ Bought existing business _____ Started as new business _____ Secured franchise
 _____ Secured Concession _____ Merger or consolidation _____ Other (Specify) _____

7. a. BUSINESS TYPE

_____ Manufacturer _____ Broker _____ Professional* _____ Wholesale _____ Other
 _____ Distributor _____ Retailer _____ Construction _____ Dealer
 _____ Factory Rep. _____ Importer/Exporter _____ Jobber _____ Commodities

b. FOR DISTRIBUTORS AND SUPPLIERS ONLY:

Average Dollar Value of Inventory: _____ (Attach a list of Major Suppliers)

Location of Storage Facilities: _____ Sq. Ft.: _____

8. GEOGRAPHIC AREAS SERVICED:

States _____ Counties _____

Other _____

9. IF YOUR COMPANY PERFORMS WORK IN A LICENSED TRADE, PLEASE PROVIDE THE FOLLOWING:

TYPE OF LICENSE/ CERTIFICATE OF COMPETENCY	CERTIFICATION NUMBER	EXPIRATION DATE	NAME OF QUALIFIER

10. SIZE STANDARDS (ENTIRE SECTION MUST BE COMPLETED)

SPECIFY THE ADJUSTED GROSS MARGIN OF THE FIRM FOR THE LAST THREE (3) YEARS. THESE FIGURES ARE AVAILABLE ON YOUR INCOME TAX RETURNS. (Total sales, minus total cost of materials (operational cost), minus total cost of subcontractors = adjusted gross margin.) *If in business less than three (3) years, complete for the years that apply.*

Years	Total Sales	Cost of Materials (-)	Cost of Subcontractors (-)	Adjusted Gross Margin
1.				
2.				
3.				

* Professional Services companies seeking S/M/WBE certification must first acquire CCNA certification through the Palm Beach County Engineering Department. Please call 561-684-4154 to receive the CCNA application.

SUBMIT ALL BACKUP DOCUMENTATION (see page 4) AND COMPLETE AFFIDAVIT

STEPS TO COMPLETING THE APPLICATION FORM FOR SBE CERTIFICATION

Please review and attach support documents. ALSO, please sign the Affidavit and have it notarized.

1. Fill in complete name of firm, along with the rest of the information requested. REMEMBER - the name must be the same name under which you received your vendor registration.
1. Self-explanatory
2. Self-explanatory
3. Self-explanatory
4. Use specific information to describe your business or service (4 main areas only)
5. Insert date business was started and operated by the present owners, and check how the business began
6. Self-explanatory
7. List only prime areas serviced
9. Complete, if applicable. If not, write "Not Applicable" or "N/A"
10. Fill in completely. If in business less than three (3) years, fill in for number of years in business. Please refer to income tax returns for figures.

REQUIRED SUPPORT DOCUMENTS FOR SBE CERTIFICATION

For all applicants - Corporations, Partnerships or Sole Proprietorships:

1. Palm Beach County Occupational License
2. Copy of professional license(s) or Certificate of Competency
3. Fictitious name certificate (if applicable)
4. Prior three (3) years federal tax returns, signed, as filed with the Internal Revenue Service, including all schedules. **If you are a sole proprietor, you must submit personal tax returns that include a Schedule C.**
5. Prior three (3) years financial statements prepared by independent CPA or accountant
6. For firms in business less than one (1) year, submit opening balance sheet and income statements for months in business
7. Proof of business location/operation in Palm Beach County (i.e., lease agreement, utility bill, property tax bill)
8. Proof of capital investment
9. Complete and current sales and contract references
10. **For a provider of Professional Services, submit a copy of your CCNA certification**

FOR A CORPORATION (in addition to 1-10 above):

1. Articles of Incorporation, including date approved by State, and any subsequent amendments
2. Corporate By-Laws
3. List of shareholders, copy of issued stock certificates; copy of stock ledger; and proof of stock purchase
4. List of officers and Board of Directors

FOR A PARTNERSHIP (in addition to 1-10 above):

Partnership Agreement

ADDITIONAL M/WBE DOCUMENTATION FOR NEW APPLICANTS

- For all applicants:**
- Proof of gender or ethnicity
- For a Corporation:**
- Copies of corporation's distribution of profits for the previous year
- For a Partnership:**
- Buy-Out Rights Agreement
 - Profit Sharing Agreement
 - Copies of the Partnership's distribution of profits for the previous year

[SEE INFORMATION SHEET]

**Palm Beach County Office of Small Business Assistance
50 S. Military Trail, Suite 209
West Palm Beach, FL 33415
tel: (561) 616-6840 fax: (561) 616**