

APPENDIX B

CERTIFICATION AND RECERTIFICATION APPLICATIONS

PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE

APPLICATION FOR RECERTIFICATION

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 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 or Woman-owned Business (M/WBE)

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 OWNED BUSINESS [] Yes [] No If yes, complete the following:

A. ____% (A) Asian American ____% (B) African 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: Specify up to 4 primary products/services offered. This description will be used in 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 ----- Wholesale ----- Other ----- Professional -----

----- 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)

- a. 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.				

- b. Number of Permanent Full Time Employees _____(all business locations)

Number of Part Time Employees _____ (all business locations)

Number of Contract/Temporary Employees _____ (all business locations)

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.
2. Self-explanatory
3. Self-explanatory
4. Self-explanatory
5. Use specific information to describe your business or service (4 main areas only)
6. Insert date business was started and operated by the present owners, and check how the business began
7. Self-explanatory
8. 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, 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. Current three (3) months payroll ledger
7. List of current permanent full-time and part-time employees by start date
8. For firms in business less than one (1) year, submit opening balance sheet and income statements for months in business
9. Proof of business location/operation in Palm Beach County (i.e., lease agreement, utility bill, property tax bill)
10. Proof of capital investment

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:

- Complete and current sales and contract references

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) 616-6850**

Rev. 5/4/04

PALM BEACH COUNTY
FOR INTERNAL USE ONLY

APPLICATION FOR RECERTIFICATION

DATE RECEIVED: _____
DATE

REVIEWED: _____

THIS APPLICATION IS FOR PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE ONLY

PLEASE INDICATE IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST M/WBE CERTIFICATION:

	YES	NO
1. Firm name*	_____	_____
2. Street address	_____	_____
3. Mailing address	_____	_____
4. City/State/ZIP Code	_____	_____
5. Contact person	_____	_____
6. Area code/telephone number	_____	_____
7. Ownership and control of the firm*	_____	_____
8. The nature of the company's business	_____	_____
9. The company's stock shares*	_____	_____
10. The officers of the firm*	_____	_____
11. New Profit Sharing Agreements*	_____	_____
12. New Stock Transfer Agreements*	_____	_____
13. New Third Party Agreements*	_____	_____
14. Did you acquire shares of another (not public) corporation*	_____	_____

NOTE: If "YES" is checked for any of the above questions, please submit an attachment with item number and an explanation. The asterisk (*) indicates that you provide appropriate backup documentation if you answer yes to any of these questions.

REQUIRED SUPPORT DOCUMENTATION (ALL):

1. Copy of CURRENT Palm Beach County Occupational License AND Professional Trade License(s)
2. Last three (3) years federal tax returns, including all schedules
3. List of all permanent full-time employees
4. Current three (3) months payroll
5. Corporate annual report (UBR) (for corporations only)
6. Affidavit - completely filled in, signed and notarized (on the next page of this application)

PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE
APPLICATION FOR RECERTIFICATION

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 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 _____

Commission Expires _____

PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE
APPLICATION FOR RECERTIFICATION

PALM BEACH COUNTY VENDOR ID # _____

Check [] certification applied for: [] Small Business Certification (SBE)
(Check one or both) [] Minority or Women Business Certification (M/WBE)

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

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 OWNED BUSINESS [] Yes [] No If yes, complete the following:

A. ____% (A) Asian American ____% (B) African 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: Please specify 4 primary products/services offered. This description will be used in agency 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

_____ 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

a. 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.				

b. Number of Permanent Full Time Employees _____ (all business locations)

Number of Part Time Employees _____ (all business locations)

Number of Contract/Temporary Employees _____ (all business locations)