



# INTERLOCAL M/WBE CONSORTIUM 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.) FAX COPIES ARE NOT ACCEPTED.

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

B. Check Appropriate MBE/WBE Status and indicate percentage amount:  
 [\_\_\_\_\_] % African/Black American                      [\_\_\_\_\_] % Native American Indian, American Aleut  
 [\_\_\_\_\_] % Hispanic American                              [\_\_\_\_\_] % Non-Minority Woman  
 [\_\_\_\_\_] % Asian American

C. Are you a U S Citizen: Yes [  ] No [  ]

D. Federal ID Number or Social Security No. of Owner: \_\_\_\_\_

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

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

G. Identify specific products/services in your Business's area of expertise that you wish to certify:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Business \_\_\_\_\_

**H. Nature of Business:**

- Wholesale Distribution       Professional Services       Goods & Services  
 Manufacturer or Production       Construction Related       Retail Dealer  
 Consultant (Please Specify) \_\_\_\_\_       Other \_\_\_\_\_

I. Has applicant or business been denied M/WBE certification within the past three years?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

J. If "Yes", name the certifying agency and circumstances resulting in denial:

\_\_\_\_\_  
\_\_\_\_\_

K. List other agencies that have certified your business as an M/WBE (**attach certificates**) or where you currently have an application pending.

\_\_\_\_\_

L. Number of Years in Business \_\_\_\_\_

**M. Ownership of Business:**

Identify all partners, proprietors, and stockholders by name, sex, ethnic group, percentage of ownership and number of shares.

1)

Name	Sex	Race/Ethnic Group	# of Shares Owned	% of Ownership	Date of Birth

2)

If any owners are related, please specify relationship (Husband, Wife, Sister, Brother, etc.):

\_\_\_\_\_

Number of shares of stock authorized: \_\_\_\_\_

Number of shares of stock issued: \_\_\_\_\_

Indicate status of any stock not accounted for above: \_\_\_\_\_

3)

Identify the Business's *current* Board of Directors as specified below (If applicable)

*Use additional sheet of paper if necessary*

Name	Ethnic Group	Title/Position	Length of Service

Name of Business \_\_\_\_\_

4) Identify each officer or owner of the Business (by title) and state his/her current employment by another Business, if any:

	Name	Other Employer	Weekly Work Hours
President			
Vice President			
Secretary			
Treasurer			
Other			

N. Who controls management & daily operations of the business?

\_\_\_\_\_

O. Offices:

Does the Business own its offices?     Yes                     No

If no, please provide lease agreement

P. Control of Business:

1) Financial Decisions

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

2) Management/Operational Decisions

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

3) Hiring & Firing of Personnel

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

4) Identify those individuals (owners and non-owners) who carry out the following functions in the Business:

The Person(s) who signs the Payroll

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

The Person who signs the Application/Agreement for Security Bonds & Insurance

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

Name of Business \_\_\_\_\_

Q. Business Relationships:

1) Bonding Company: Name \_\_\_\_\_ Address \_\_\_\_\_ Limit \_\_\_\_\_

2) Bank(s): (List all banks and contact persons)

Bank \_\_\_\_\_ Contact Person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Sources of letters of credit, if any: \_\_\_\_\_  
\_\_\_\_\_

R. Specify the business' net income after federal income taxes, excluding any carryover losses, for the previous two years.

2009 \$ \_\_\_\_\_ 2010 \$ \_\_\_\_\_

S. What is the business' net worth: \$ \_\_\_\_\_ Year \_\_\_\_\_  
(For a sole proprietorship, include both personal and business assets.)

T. Distributor/Supplier (Complete this question only if the business is a distributor or supplier)  
Average dollar value of inventory: \$ \_\_\_\_\_

U. List the broad categories of inventory:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Equipment owned or lease: (please provide title(s) or lease agreement) \_\_\_\_\_  
\_\_\_\_\_

V. Licenses required to conduct business: Attach copies of any required local, county, and state active business or professional licenses and permits (i.e., contractors, PUC, A&E, HVAC, registration, etc.) For each license/permit attached indicate:

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

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 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 business for other contracts. It is further recognized and acknowledged that M/WBE Certification with the City of Tallahassee and Leon County Government 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 M/WBE 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 business hereby agrees to furnish all documents/records and other information that 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 Business, 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

Name of Business \_\_\_\_\_

### Checklist of Documents for Submittal

Copies of these documents are required only if they are applicable to your business operations. If any document descriptions do not apply to your business, write **N/A** for each category that does not apply. Be sure that you attach copies of all documents, which are applicable.

- \_\_\_\_\_ Proof of **minority status** for all owners (birth certificates, court records, tribal records, passports, naturalization, voter registration cards)
- \_\_\_\_\_ Proof of **residency** of all owners/directors (driver license, homestead exemption, voter registration)
- \_\_\_\_\_ Detailed resumes of all principals and owners
- \_\_\_\_\_ Fictitious Name Registration
- \_\_\_\_\_ Professional License(s)
- \_\_\_\_\_ Business Tax Certificate (formerly Occupational License)
- \_\_\_\_\_ Copy of bank signature card or letter from bank
- \_\_\_\_\_ Last two years' income tax returns, balance sheets and Schedule K-1 or Schedule C
- \_\_\_\_\_ Detailed list of inventory available for resale to the public
- \_\_\_\_\_ All stock certificates issued, including cancelled certificates
- \_\_\_\_\_ Stock Ledger
- \_\_\_\_\_ Articles of Incorporation or Articles of Organization
- \_\_\_\_\_ Corporate Bylaws and minutes of organizational meetings
- \_\_\_\_\_ Business Insurance Certificate

Return Application to:

City of Tallahassee MBE Office  
300 S. Adams Street, Mailbox A-11 (mailing address)  
435 Macomb Street, 3<sup>rd</sup> Floor (physical address)  
Tallahassee, FL 32301  
(850) 891-6500

**(CERTIFICATION IS VALID FOR ONE (1) YEAR)**

[OR]

Leon County M/WSBE Office  
1800-3 Blair Stone Road  
Tallahassee, FL 32308  
(850) 606-1650  
**(CERTIFICATION IS VALID FOR TWO (2) YEARS)**

Revised 6/9/2011