

AFFIDAVIT
Small Business Enterprise (SBE)

The undersigned swears (or affirms) that the foregoing statements concerning the location of the business, type of industry, annual sales volume, number of employees and other expressed criteria accurately describe the operations of my business:

(Name of Business)

Located at _____
(Physical Address) (No. & Street) (City) (State & Zip)

Type of Industry _____

Annual Sales Volume for previous year _____

Number of employees _____

Furthermore, my business also meets the following criteria:

- The business serves a commercially useful function, and has been in operation for at least one (1) year:
- The business is domiciled in Pinellas, Pasco, Polk, Hillsborough or Manatee County.
- The business has a current occupational license/tax receipt issued by any of the above counties.
- The business is a provider of supplies, services or construction;
- The number of employees of the business does not exceed twenty-five (25) full time permanent employees, and the annual sales volume averaged over the previous three (3) years shall not exceed:

Service and Supplies \$3,000,000
Construction \$5,000,000

I understand that this affidavit affords my company SBE status for a period of two (2) years. SBE status may be revoked for the following reasons:

Revocation of Certification

Formal charges against SBEs which result in revocation of certification may be brought and adopted and SBE status may be revoked for either of the following reasons:

- (a) Willfully making a false statement, report or other representation to a City official or employee for the purpose of obtaining SBE status.
- (b) Willfully obstructing, impeding or attempting to obstruct or impede any City official or employee who is investigating the qualifications of a business entity that has requested SBE status. This may be based on any of the following non-exhaustive reasons:
- (c) Failure to provide sufficient information to the Business Assistance Division staff on which a determination of eligibility can be based;
- (d) Refusal to permit on site inspections;
- (e) Failure of business enterprise to have been in business for at least one year.
- (f) Refusal to comply with a request for information, data, or access to records pertinent to the application certification.
- (g) Fraud or deceit in obtaining certification,
- (h) Failure to report changes in the status or activities of the business entity or its SBE status which affect the SBEs eligibility for certification; and
- (i) Gross negligence, incompetence, financial irresponsibility, or misconduct in the performance of contractual obligations or services.

I certify that I will comply with the requirements of St. Petersburg City Code, Chapter 2, Division 3 and 4 and all policies implemented under these divisions and understand that failure to comply could result in revocation of certification.

Signature

Date

ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

On this ____ day of _____, 200__, before me appeared (name) _____ to me personally known ____ OR produced _____ as identification, 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.

(SEAL)
Notary Public: _____

My commission Expires: _____

C: SBE P&P.SBE Affidavit.doc.Revised 8/10/06