

**CITY OF ST. PETERSBURG
SMALL BUSINESS ENTERPRISE
CERTIFICATION APPLICATION**

For office use only

Date received _____

Date certified _____

SBE

NOTE:

All applicants must also provide an affidavit. Failure to respond to any questions on this application, and to comply with the request therein, could result in the denial of your firm's SBE certification application. Any incomplete applications will be returned to the sender.

Pursuant to Florida Statute 119.071(5), the City of St. Petersburg is required to inform you that we are collecting your Social Security or Federal Identification Number for business identification, business verification, and business sales volume purposes only. The SBE documents that contain your Social Security information are kept in a secured area.

NAME OF FIRM: _____

ADDRESS OF FIRM: _____
(Physical location) (No. & Street) (City) (State & Zip)

MAILING ADDRESS: _____
(If different from physical address) (Street Address, City, State & Zip) (or P.O. Box)

BUSINESS PHONE NUMBER(S): () _____ Fax () _____

E-MAIL ADDRESS AND/OR WEBSITE: _____

CONTACT PERSON: _____
(Name) (Phone Number)

BUSINESS FEDERAL ID NUMBER OR OWNERS S.S. # _____

DO YOU ACCEPT CREDIT CARDS: YES _____ NO _____ TYPE: _____

1. DATE FIRM WAS ESTABLISHED: _____
(Month) (Day) (Year)

2. NATURE OF BUSINESS: (Specify major Products and/or Services/Trades).
(Attach additional sheet(s), if necessary).

3. CURRENT NUMBER OF FULL TIME PERMANENT EMPLOYEES ON THE PAYROLL: _____

*Please provide a statement if current number is different than wage reporting.

4. ANNUAL SALES VOLUME FOR THE PAST THREE (3) CALENDAR YEARS:

*Amounts MUST match U. S. Tax Returns

(1) Year Ending _____ \$ _____

(2) Year Ending _____ \$ _____

(3) Year Ending _____ \$ _____

5. TYPE OF OWNERSHIP: (Complete appropriate section)

____ Corporation (Complete question #6 then proceed to question #9)

____ Partnership (Complete question #7 then proceed to question #9)

____ Sole Proprietorship (Complete question #8 and then proceed to question #11)

6. CORPORATIONS: (Complete in full and provide attachments as requested.)

(a) Is any stock of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person whose name it is in?

___ Yes ___ No

(If "Yes", attach all such ownership documentation.)

(b) Is any holder of stock in the corporation a party to any agreement relating to the management or control of the corporation, the rights of the holders of any class of stock of the corporation or the sale, transfer or transferability of any stock of the corporation?

___ Yes ___ No

(If "Yes", attach all such agreements)

(c) Attach one copy of the Firm's Articles of Incorporation and By-Laws.

(d) Attach one copy of all of the Firm's issued shares of stock certificates.

7. PARTNERSHIPS:

(a) List the name of each partner and describe the percentage of ownership held by each.

(b) Attach any and all agreements to show partnership as described above.

8. SOLE PROPRIETORSHIP:

List the name of the proprietor and attach any and all such documents to show ownership as stated. _____

9. OWNERSHIP OF FIRM:

Identify all partners and stockholders by name and percentage of ownership.

<u>Name</u>	<u>% Owned</u>
_____	_____
_____	_____
_____	_____

10. IDENTIFY ALL CORPORATE OFFICERS OF THE FIRM.

<u>Title</u>	<u>Name</u>
President	_____
Vice President	_____
Secretary	_____
Treasurer	_____

11. LIST CURRENT LICENSES/PERMITS HELD BY ANY OWNER AND/OR EMPLOYEE. ATTACH A COPY OF THE OPERATING LICENSE, IF ANY.

<u>Type of License</u>	<u>License Number</u>	<u>Name of permit holder</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST ANY MAJOR CONTRACTS COMPLETED BY YOUR FIRM IN THE PAST THREE (3) YEARS, IF ANY:

(Contractor's Name) (Location) (Type of work performed) (Value of Contract)

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

13. LIST ANY ACTIVE JOBS YOUR FIRM IS CURRENTLY WORKING:

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

14. LIST THREE REFERENCES OF PAST COMPANY CLIENTS. (Company name, street address, city, state, zip code; attach list, if necessary)

15. LIST CURRENT EQUIPMENT OWNED TO PERFORM THE JOB. _____

16. BANKING INFORMATION

(Name and address of banking institution) (Phone) City, State, Zip Code

17. BONDING/LIABILITY INSURANCE INFORMATION

(Name and address of Insurance Agent/Broker) (Phone) City, State, Zip Code

18. HAVE YOU PREVIOUSLY RECEIVED CERTIFICATION AND/OR DENIAL OF CERTIFICATION AS A SMALL BUSINESS ENTERPRISE?

- () Yes. Provide copy of certification () No.
 () Denied. Provide copy of denial letter.

THE FOLLOWING INFORMATION IS USED FOR DEMOGRAPHIC PURPOSES ONLY. FAILURE TO COMPLETE THIS SECTION WILL NOT AFFECT YOUR ELIGIBILITY FOR CERTIFICATION.

Ethnic Group Status: Specify the ethnic group and percentage of ownership of the person(s) who own and control 51% or more of the firm.

White _____ Black _____
 Native American or Aleut _____ Hispanic _____
 Asian/Pacific Islander _____ Women _____
 Other _____

How did you hear about the SBE Program? (Please Circle all that apply)

• Business Assistance Center Training Calendar		• Business Assistance Center Web Site
• Radio		• Brochure or Poster
• Television		• E-mail
• Newspaper		• Other _____

C: SBE P&P SBE Application.doc. Revised 1/31/08