



SUSTAINABILITY, PLANNING & ECONOMIC ENHANCEMENT DEPARTMENT (SPEED)
SMALL BUSINESS DEVELOPMENT (SBD) SMALL BUSINESS ENTERPRISE PROGRAMS

PART 1: CERTIFICATION RENEWAL AFFIDAVIT DECLARATION

This declaration executed under penalty of perjury of the laws of the United States and the State of Florida

Name of Business: Contact Person:

Telephone: Fax: Cell: E-Mail:

Address: (Check if new) Mailing Address (if different)

Previous Business Name: Current County Commissioner District #:

Check Certification Renewal Requested: Community Small Business Enterprise (CSBE) Community Business Enterprise (CBE)
Micro/Small Business Enterprise (Micro/SBE) Local Developing Business (LDB)

You must include the following with this affidavit:

- 1. BUSINESS TAX RETURNS FOR THIS BUSINESS AND ALL AFFILIATED BUSINESSES FOR THE CURRENT YEAR
2. CURRENT BUSINESS, MIAMI DADE COUNTY AND MUNICIPALITY LOCAL BUSINESS TAX RECEIPT, PROFESSIONAL LICENSES AND CERTIFICATIONS
3. UPDATED LEASE OR EQUIVALENT (i.e. warranty deed, landlord letter, last three months of cancelled checks for rent)
4. NOTARIZED STATEMENT FROM ALL OWNERS OF THE APPLICANT FIRM THAT HAVE OWNERSHIP AND /OR FINANCIAL INTEREST IN ANOTHER FIRM

PART II: CERTIFICATION RENEWAL NO CHANGE AFFIDAVIT

(Note: A Status Change Request Form is required for changes in ownership, add/delete trades, company name and add/delete business enterprise)

I declare that there have been no changes in affecting its ability to meet the size limits of the Small Business Programs, including affiliates.

CSBE Personal Financial Statement must be completed for each owner- Net Worth - Construction Firms Only (Print additional copy if needed)

Table with 4 columns: Owner's Name, % of Ownership, Qualifier Name, Y/N. Three rows for owner information.

I further declare there have been no material changes (i.e. ownership, control and business location requirements of SBD Programs) in the information provided with my original certification.

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement personally appeared, who being first duly sworn, deposes and affirms that the provided information statements are true and correct to the best of his/her knowledge, information and belief.

Signature of Owner

SWORN TO and subscribe before me this day of, 201 by (Name of Affiant)

NOTARY PUBLIC State of Florida at Large
My Commission Expires:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE CHAPTER 837, SECTION 337.012, TITLE 32 OF FLORIDA STATE CODE



**Sustainability, Planning, and Economic Enhancement Department (SPEED)**  
**SMALL BUSINESS DEVELOPMENT**  
**Community Small Business Enterprise (CSBE) Program**  
**Personal Financial Statement**

As of \_\_\_\_\_, \_\_\_\_\_

<b>Please complete this form for each Owner</b>			
Name		Business Phone	
Residence Address		Residence Phone	
City, State, & Zip Code			
Business Name of Applicant Firm			
<b>Assets</b>		<b>Liabilities</b>	
(Omit Cents)		(Omit Cents)	
Cash on hand & in Banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Bank and Others.....	\$ _____
IRA or Other retirement Account.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value.....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)			
<b>Total Assets \$</b>		<b>Total Liabilities \$</b>	

**NET WORTH..... \$ \_\_\_\_\_**  
**(Total Assets minus Total Liabilities)**

Section 2. Notes Payable to Banks and Others.

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Section 3. Stock and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Present Market Value			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries)

I certify the above information is true and accurate as of the stated dates(s). I understand FALSE statements may result in the denial of my certification.

**Signature:**

**Date:**



**Sustainability, Planning, and Economic Enhancement Department (SPEED)  
Small Business Development**

## Business Assistance Quick Profile & Planning Survey

Please return with your new or re-certification documentation

<p><b>Tell Us About Your Business</b> Are you certified in Miami-Dade County's Local Small Business Program(s)?</p> <p align="center">Yes _____ No _____</p>	<p><b>Do you need assistance?</b> Yes _____ No _____</p>
<p><b>Name of Business:</b> _____</p> <p><b>Your Name:</b> _____</p> <p><b>Contact Telephone number(s):</b> Business: _____ Cell: _____</p> <p><b>Business Address:</b> _____ Street                      City                      State      Zip</p> <p>Commissioner District # _____ <a href="http://www.miamidade.gov/commiss/">http://www.miamidade.gov/commiss/</a></p> <p>E-Mail Address: _____</p> <p><b>How long have you been in business?</b> Less than 1 year _____ 1 – 3 years _____ More than 3 years _____</p> <p><b>Type of Business:</b> Construction _____ Goods &amp; Services _____ Architect/Engineer _____ Retail _____ Distribution _____ Manufacturing _____ Technology _____ # of Employees _____</p> <p><b>Bonding Capacity:</b> _____</p> <p><b>Legal Structure of Business</b> Sole Proprietary _____ Partnership _____ Limited Liability Corporation _____ S-Corporation _____ C-Corporation _____</p>	<p><b>If yes, please check desired services:</b></p> <p>Business Counseling _____ Workshop/Classes _____ Business Plan _____ Marketing _____ Credit Repair _____ Legal Counseling _____ Financing _____ Accounting _____ Bonding _____ Employee Recruitment _____ Tax Credit Information _____ Insurance (Health/Other) _____ Other _____</p> <p><b>Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners?</b> Yes _____ No _____</p> <p><b>Do you belong to a Chamber of Commerce or Industry Association/Organization?</b> Yes _____ No _____ If yes, please indicate below: _____ _____</p> <p><b>Green/LEED Certified? Yes _____ No _____</b> Certification Type _____ Need more information? Yes _____ No _____</p>