RE-CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT DIVISION
STEPHEN P. CLARK BUILDING
111 N.W. 1ST STREET, 19th Floor
MIAMI, FL 33128
PH: (305) 375-3111 FAX: (305) 375-3160

INSTRUCTIONS: Please complete each item. Do not leave any spaces blank. If a question is not applicable to your business, please insert “N/A” in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets necessary; use the question number to identify any answer continued on an additional sheet. An incomplete application will be returned.

1. FIRM NAME & ADDRESS

   Name of Business: ____________________________________________________________________________
   Trade Name or D/B/A: _________________________________________________________________________
   Business Street Address: ______________________________________________________________________

   Check if New Address – submit copy of Office Lease or Warranty Deed
   City: ______________________ State: _______ Zip Code: ___________ County: ______________________
   Contact Person: ______________________________ Title: _____________________________________________
   Majority Owner’s Name: ________________________________________________________________________
   Office Telephone: _____________________ Fax: ____________________ Business Cell Phone________________
   E-mail: _______________________________________________________________________________________ 

2. CHECK CURRENT CERTIFICATION(S)

   □ Community Small Business Enterprise (CSBE)  □ Local Developing Business (LDB)
   □ Community Business Enterprise (CBE)  □ Micro/Small Business Enterprise (Micro/SBE)

   Note: (CBE applicants must have an approved Technical Certification (305)-375-4784)
   CBEs and CSBEs must submit a copy of the State Professional License or Local Certificate of Competency

3. OFFICE FACILITY (Check One)

   □ Rent / Lease  □ Own (Please submit current signed copy of the lease agreement/warranty deed)

   If rent, provide:

   Name of Landlord: _____________________________________________
   Address: _____________________________________________________

   City: ______________________ State: _____ Zip Code: ___________

   You must submit copies of the current year
   Miami-Dade County and Municipality Local Business
   Tax Receipt (formerly Occupation License).
4. CURRENT OWNERSHIP WITHIN THE CERTIFIED BUSINESS:

<table>
<thead>
<tr>
<th>Name of Owner(s)</th>
<th>Race/Ethnicity/Gender Group</th>
<th>% of Ownership</th>
<th>Other Firms Owned?</th>
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5. If any owner of the firm has ownership interest in another company, please identify company in which interest is held:

<table>
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<tr>
<th>Name of Owner(s)</th>
<th>Company Name</th>
<th>Type of Business/ Services Provided</th>
<th>% of Ownership</th>
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6. QUALIFIER OR LICENSE HOLDER’S NAME (if applicable):

% Ownership held by the Qualifier: __________

7. Identify and fully explain any changes within the past 15 months affecting the legal structure (ownership, control and or responsibility for the day-to-day operations of the company) – use a separate sheet if necessary:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

8. During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?

   Yes ☐   No ☐  If, “yes”, please identify owner, qualifier, or management official employed; the employer; job title/work performed; salary/compensation and dates of employment.

_______________________________________________________________________________________________
_______________________________________________________________________________________________

9. MOST RECENT, FILED AND SIGNED BUSINESS TAX RETURN (You must provide the complete business tax return for the firm and all affiliate businesses (all pages/schedules). If you filed an IRS Tax Return Extension, you must provide a copy of the extension and a copy of the business’ most recent income statement)

201_: $ ____________________

FOR MANUFACTURERS OR WHOLESALERS – Please provide the most recent employer’s quarterly report (RT-6 Form)

9. FOR CSBE FIRMS ONLY: EACH OWNER MUST COMPLETE A SEPARATE PERSONAL FINANCIAL STATEMENT: ATTACHED  Yes ☐  No ☐
DISCLOSURE AFFIDAVIT FOR CERTIFICATION

STATE OF FLORIDA:
COUNTY OF DADE:

BEFORE ME, an officer duly authorized to administer oaths and take
acknowledgement personally appeared _______________________________, who being
(Print Name of Owner)
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__

_________________________________
Signature of 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 DECERTIFICATION, CIVIL OR
CRIMINAL PROSECUTION. SEE CHAPTER 837. SECTION337.012, TITLE 32 OF FLORIDA STATE
CODE.
# RE-CERTIFICATION DOCUMENT CHECKLIST

Please include all support documents with your application
Failure to do so delays the certification review process
Please include this checklist for easier processing

<table>
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<th>Name of Business:</th>
<th>SBD Use Only</th>
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1. CSBE Personal Financial Statement (Construction Firms Only) (See Section #9 of Application)
   - N/A

2. Signed copies of most recent filed corporate federal tax returns, including all schedules/pages for business and any/all affiliates. For sole proprietor, copy of the most recent individual tax return (signed Schedule “C”).
   - Submitted
   - Affiliates

3. Copies of all current Miami-Dade County and Municipality Local Business Tax (LBT) Receipt (formerly Occupational License), for business. If the firm is an association (e.g. accountant, architect, engineer), provide the Local Business Tax Receipt for the firm and individual.
   - Name of Business and address on LBT receipt must be current

4. Copies of current State and/ or local Certificate of Competency (front and back) from Miami-Dade County, contractor’s professional license.

5. Copy of current Technical Certification (Professional categories, land surveyors, mapping, geologist, etc.-CBE certifications ONLY)

6. Current copy of Lease Agreement, Purchase Agreement, or Copy of the Warranty Deed (to show ownership of property).

   - Y  N
   - If No, Where is Office Located?
   - Submitted

7. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer’s Quarterly Report-Form RT-6 (Goods & Services Only)

   - Submitted