



DEPARTMENT OF SMALL BUSINESS DEVELOPMENT  
**Small Business Enterprise Certification Eligibility Requirements**

**Small Business Programs:**

**SBEs** (Small Business Enterprise) are small business owners that provide goods and/or services to Miami-Dade County. The SBE program, which is race and gender neutral, consists of two tiers. Micro Enterprise (ME) - three (3) year average annual gross revenues cannot exceed 2 million dollars except manufacturers whose number of employees cannot exceed fifty (50) and wholesalers whose number of employees cannot exceed fifteen (15).

Small Business Enterprise (SBE) - three (3) year average gross revenues cannot exceed 5 million dollars except manufacturers whose number of employees cannot exceed one hundred (100) and wholesalers whose number of employees cannot exceed fifty (50).

- Located and performing a commercially useful function in Miami-Dade County
- Must be registered vendors with the Department of Procurement Management (DPM)
- Must be properly licensed to do business with Miami-Dade County

**CSBEs** (Community Small Business Enterprise) are defined as independent construction companies that are:

- Located and performing a commercially useful function in Miami-Dade County
- Not exceeding 3-year average gross receipts of \$10 million for general building (NAICS 233/SIC 15), \$6 million for heavy construction contractors (NAICS 234/SIC 16), and \$5 million for specialty trade contractors (NAICS 235/SIC 17)
- Qualified by an owner with at least 10% of the firm's issued stock
- Personal Net Worth does not exceed \$1,500,000 for each owner.

**CBEs** (Community Business Enterprise) are defined as independent corporations, partnerships, sole proprietors or other legal entities in the architecture and/or engineering industry that:

- The qualifier owns at least 25% of firm
- Have actual place(s) of business in Miami-Dade County
- Have 3-year average gross receipts not exceeding \$4.5 million for architectural and \$6 million for engineering, surveying and mapping services, and landscape architectural services.

**LDBs** (Local Development Business) are small businesses that have nonexclusive permits to provide general aeronautical services to commercial aircraft operators and airlines at Miami International Airport. Firm must be profit motivated. Non-Profit organizations are not eligible for LDB certification.

- The firm's principle place of business must be located in Miami-Dade County or the firm must be at least fifty-one percent (51%) owned by a person or persons whose primary residence is in Miami-Dade County.
- Firm must have 3-year average annual gross receipts/revenues not exceeding \$17 million.
- Firm must possess the required license(s) to conduct business in Miami-Dade County.

**Disadvantaged Business Programs:**

**DBEs** (Disadvantaged Business Enterprise) - Please download application at:

<http://osdbuweb.dot.gov/DBEProgram/index.cfm>



CERTIFICATION APPLICATION

DEPARTMENT OF SMALL BUSINESS DEVELOPMENT
STEPHEN P. CLARK BUILDING
111 N.W. 1ST STREET, 19th Floor
MIAMI, FL 33128
PH: (305) 375-3111
FAX: (305) 375-3160
WEBSITE: www.miamidade.gov/sba

Date Received (Stamp Date Below):

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

Firm Name:
Trade Name or D/B/A:
Business Street Address: Commissioner District#:
City: State: Zip Code: County:
Contact Person: Title:
Majority Owner's Name:
Office Telephone: Fax: Business Cell Phone
E-mail:
Mailing Address (if different): Owner's Primary Residence (SBE and LDB Only):

2. CHECK CERTIFICATION(S) REQUESTED:

Small Business Programs:
[ ] Community Small Business Enterprise (CSBE)
[ ] Community Business Enterprise (CBE)
[ ] Micro/Small Business Enterprise (SBE)
Other Programs:
[ ] Local Developing Business (LDB)

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

3. BUSINESS ESTABLISHED: / /

BUSINESS STRUCTURE:

[ ] CORPORATION
Date of Incorporation: / / State of Corporation:
Number of Shares:
Authorized Issued
Preferred:
Common:
[ ] LLC
[ ] PARTNERSHIP
[ ] SOLE PROPRIETORSHIP
[ ] FEDERAL ID NO. \_\_\_\_\_

4. NUMBER OF EMPLOYEES:

Permanent/Full Time Part Time Temporary



**5. SERVICES PROVIDED/WORK PERFORMED/PRODUCTS SOLD**

(Please use the NIGP Commodity Codes for SBE)

<http://www.miamidade.gov/dpm/library/commlist.pdf>

(Please use the NAICS Codes for all other enterprises)

[http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf)

(Please use the Technical Certification Categories for CBE)

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**6. GROSS RECEIPTS FOR LAST THREE YEARS:** *Please submit Owner/Officer signed copies of corporate federal tax return. For new businesses, submit notarized statement indicating no taxes filed.*

200\_\_ : \$ \_\_\_\_\_

200\_\_ : \$ \_\_\_\_\_

200\_\_ : \$ \_\_\_\_\_

*businesses, submit notarized statement indicating no taxes filed.*

*(Please submit IRS Form 7004-Application for Extension of Time, if applicable)*

**7. QUALIFIER OR LICENSE HOLDER'S NAME (if applicable):** \_\_\_\_\_

**8. OFFICE FACILITY (Check One)** *(Business owner must reside at home-based location)*

**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: \_\_\_\_\_

List separately other facilities used for storage in the operations of the business.

*You must submit copies of the current year Miami-Dade County Local Business Tax Receipt & Miami-Dade County Planning and Zoning Department's Certificate of Use and Occupancy. If located within a municipality (i.e. City of Coral Gables, City of Miami), you must also submit a copy of the equivalent document.*

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**9. CONTROL OF FIRM**

**Identify those individuals who are responsible for day-to-day management and policy decisions.**

**Check where applicable and provide resumes of each individual.**

Name	Race/ Ethnicity	Sex	Title	Financial Decisions	Management Decisions	Mgt.		
						Technical Personnel	Marketing Decisions	Field Supervisor
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**10. Name of current members of the Board of Directors:**

Name	Ethnicity	Period of Service	% Stock Owned
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____



**11. Identify all shareholders, owners or partners individually and list the requested information for each.**

Name	Race/Ethnicity Group	Sex M/F	No. of Shares Issued	% of Ownership	Total Cost of Shares	Date Shares Acquired	*(CSBE Only) Personal Net Worth
_____	_____	___	_____	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____	_____

Are all owners U.S. Citizens:  Yes  No If "no", submit proof of residency for non-citizens.

**12. Identify Company Officers/Key Personnel. Indicate responsibilities and provide separate resume for each individual:**

Title	Name	Date Elected/Employed	Sex M/F	Race/Ethnicity	Current Salary
<b>President</b>	_____	_____	___	_____	_____
<b>Vice President</b>	_____	_____	___	_____	_____
<b>Secretary</b>	_____	_____	___	_____	_____
<b>Treasurer</b>	_____	_____	___	_____	_____
<b>Chief Operating Off. Qualifier</b>	_____	_____	___	_____	_____

**13. If any owner of the applicant firm has ownership interest in another company, please identify company in which interest is held:**

Name	Company Name	Type of Business	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which of the above firms, if any, are certified by Miami-Dade County? \_\_\_\_\_

\*\*\*Please submit signed copies of corporate federal tax returns (IRS Form7004, if applicable) for the previous three years for all Above- mentioned firms.

**14. If your company is owned in full or in part by another firm, identify that firm and percentage of ownership interest (Include Mesbics, venture capitalists, and other similar investors.)**

Firm Name	Address	% Ownership	Contact Person	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



15. Identify any owner or management official of this firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this company. Such business relationships include: shared space, equipment, financing, or employees; both firms having some of the same owners; or a contractor-subcontractor relationship.

Name	Title	Affiliated Company	% Stock Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Identify Banking Institution(s):

Name of Institution	Address	Contact Person	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Number of signatures required on company checking account: \_\_\_\_\_  
 Please provide the signatures of all officers/key personnel of the firm and indicate if they are authorized to sign.

	Print Name	Signature	Authorized to Sign Checks
President	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vice President	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secretary	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasurer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Operating Officer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifier/License Holder	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. If other persons are authorized to sign checks, please indicate:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



19. List all cash contributions to your business during the past 36 months, including gifts, loans, equipment, expertise:

Source of Contribution	Type of Contribution	Amount/Value	Purpose of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Has your firm been denied certification, decertified, suspended, or challenged as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?

Yes  No If "Yes", Identify:

Agency	Type of Action	Telephone	Contact Person	Date of Denial
_____	_____	_____	_____	__/__/__
_____	_____	_____	_____	__/__/__
_____	_____	_____	_____	__/__/__
_____	_____	_____	_____	__/__/__

21. Has your firm been certified/pending as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?

Agency	Telephone	Contact Person	Expiration
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__

22. a. Is your firm authorized to do business in the State of Florida, and does your firm have all the required business licenses?

Yes  No If "No", please explain:

\_\_\_\_\_

\_\_\_\_\_

b. Is your firm authorized to do business in Miami-Dade County?

Yes  No If "No", please explain:

\_\_\_\_\_

\_\_\_\_\_



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

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

24. 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.

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

25. List three (3) projects/contracts/proposals completed by your business during the past 12 months:

Table with 5 columns: Project, Amount, Completion Date, Name of Client and Contact Person, Telephone. Contains three rows of project data.

26. Are any owners of the business employed or have ever been employed by Miami-Dade County?

[ ] Yes [ ] No If "yes", please complete the following

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Starting Date: \_\_\_/\_\_\_/\_\_\_ Ending Date: \_\_\_/\_\_\_/\_\_\_



**DISCLOSURE AFFIDAVIT FOR CERTIFICATION**

STATE OF FLORIDA

COUNTY OF MIAMI-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 subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Notary Public-State of Florida

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 THE FLORIDA STATE CODE.



## 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

Firm Name:		SBD Use Only
<input type="checkbox"/>	1. CSBE Personal Net Worth (Construction Firms Only) (See Section #11 of Application) <input type="checkbox"/> N/A	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns), including all schedules for the last three (3) years or number of years a firm and/or affiliates have been in business. For sole proprietor, copies of individual tax returns for the last 3 years or number of years firm and/or affiliates have been in business, or a copy of Form 7004 (If Wholesaler/Manufacturer see #12)	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Proof of Ownership – Corporation/ LLC/Partnership/ Sole Proprietorship	<input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	4. Qualifier is an owner: CBE – 25% CSBE – 10% Micro/SBE – 10%	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	5. Picture ID for each owner (driver's license)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Resume(s) for all Corporate Officers/Key Personnel (See Section #12 of Application)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copies of all current Miami-Dade County and municipality (e.g. City of Hialeah, City of Miami) Local Business Tax Receipt, individual, and firm if the firm is a professional association (e.g. accountant, architect, engineer)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	8. Copies of current State and local Certificate of Competency (front and back) from Miami-Dade County, contractor's professional license.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	9. Firm name and address match Local Business Tax Receipt	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	10. Copy of current Technical Certification (Professional categories, land surveyors, mapping, geologist, etc.-CBE certifications ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	11. CBE/CSBE: Office located in Miami-Dade County (Current lease/sub-lease agreement, purchase or settlement agreement (for primary residence) or copies of warranty deed (home based businesses) Micro/SBE: Office located Miami-Dade County (current lease/sub-lease agreement, purchase or settlement agreement (for primary residence) or copies of warranty deed (home based businesses)	<input type="checkbox"/> Y <input type="checkbox"/> N If No, Where is Office Located? _____
<input type="checkbox"/>	12. Current Lease Agreement, Purchase agreement, or Copy of Warranty Deed to show ownership of property	<input type="checkbox"/> Submitted
<input type="checkbox"/>	13. Commodity codes for each trade category specific to license and/or technical certification	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	14. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer's Quarterly Report-Form UCT-6 (Goods & Services Only)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	15. All affiliate documents (See Section #13 of Application) Name of Affiliates: _____ _____ _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Submitted (Sunbiz report for all entities in file)
Comments:		

