SMALL BUSINESS DEVELOPMENT (SBD)
111 N.W. 1st Street, 19th Floor Miami, FL 33128 Tel (305) 375-3111 FAX (305) 375-3160
SMALL BUSINESS ENTERPRISE PROGRAMS (CSBE,CBE, SBE/MICRO, LDB)

CERTIFICATION CONTINUING ELIGIBILITY AFFIDAVIT

Name of Business: _____ President/Owner:_____

☐ *Check if change in business name - submit supporting documentation)*

Previous Business Name: _____

Address: _____Mailing Address (if different) _____

☐ *Check if new address –submit supporting documentation)*

Telephone: _____ Fax: _____ Cell: _____ E-Mail: _____

Check Current Certification(s): ☐ Community Small Business Enterprise (CSBE) ☐ Community Business Enterprise (CBE)

☐ Micro/Small Business Enterprise (Micro/SBE) ☐ Local Developing Business (LDB)

WERE THERE ANY CHANGES IN BUSINESS STRUCTURE THIS PAST YEAR? YES ☐ NO ☐

(A Status Change Request Form is required for changes in ownership or to add/delete small business enterprise programs or trades)

YOU MUST INCLUDE THE FOLLOWING WITH THIS AFFIDAVIT:

A. MOST RECENT, FILED AND SIGNED BUSINESS TAX RETURN (All pages) ☐ **Check If Included**
(You must provide the complete business tax returns for the firm and all affiliate businesses) (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.)

B. FOR MANUFACTURERS OR WHOLESALERS – *Most recent quarterly RT-6 Form* ☐ **Check If Included**

C. CURRENT MIAMI-DADE COUNTY AND MUNICIPALITY LOCAL BUSINESS TAX RECEIPTS, CONTRACTOR/PROFESSIONAL LICENSE(S) IF APPLICABLE. ☐ **Check If Included**

D. **FOR CSBE ONLY – MUST COMPLETE A PERSONAL FINANCIAL STATEMENT –** (Attachment A*)
*(*A separate Personal Net Worth Statement is required for each owner)* ☐ **Check If Included**

List all owners below (Use separate sheet if necessary)

Owner's Name _____ Ownership % _____ Qualifier Yes☐ No☐

Owner's Name _____ Ownership % _____ Qualifier Yes☐ No☐

Owner's Name _____ Ownership % _____ Qualifier Yes☐ No☐

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement personally appeared

_____
(Print Name of Owner) 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 ____

_____
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 DECERTIFICATION, CIVIL OR CRIMINAL PROSECUTION. SEE CHAPTER 837, SECTION 337.012, TITLE 32 OF FLORIDA STATE CODE.