



## RE-CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT (SBD)

Date Received (Stamp Date Below):

STEPHEN P. CLARK BUILDING

111 N.W. 1<sup>ST</sup> STREET, 19<sup>th</sup> Floor

MIAMI, FL 33128

PH: (305) 375-3111 FAX: (305) 375-3160

WEBSITE: <http://www.miamidade.gov/smallbusiness/certification-programs.asp>

**INSTRUCTIONS:** Please complete each item (must be typed or written in ink). *Do not leave any blank spaces. 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 as necessary; use the question number to identify any answer continued on an additional sheet. **AN INCOMPLETE APPLICATION WILL BE RETURNED.**

### Section I Small Business Enterprise Program (SBE)

I am requesting Small Business Enterprise (SBE) Re-Certification for the following program(s):

Miami - Dade County Small Business Programs:

- Small Business Enterprise – Goods & Services
- Small Business Enterprise – Construction Services\*
- Small Business Enterprise – Architecture and Engineering

Other Programs:

- Local Developing Business (LDB)

\*For CONSTRUCTION firms only –All certified firms will be automatically added to the 7040 and 7360 Pools.

Please indicate if you do not wish to participate:

- I do not wish to be added to the MCC 7040 Pool
- I do not wish to be added to the MCC 7360 Pool

### Section II General Applicant Information

A. Legal Name of Business \_\_\_\_\_

Trade Name or D/B/A: \_\_\_\_\_

Business Address (Miami-Dade County Location Only): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**(You must submit a copy of the lease agreement or warranty deed)**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Majority Owner's Name: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

B. Did your business address change within the last twelve (12) months?  Yes  No

If yes, please enclose an updated office lease agreement or warranty deed and Miami-Dade County Local Business Tax Receipt.

### Section III Ownership/Control of Firm

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

Name/Title	Race & Ethnicity Group	Sex M/F	% of Ownership

B. QUALIFIER OR LICENSE HOLDER'S NAME: \_\_\_\_\_  N/A

C. Has the Qualifier been employed in any capacity by another company?  Yes  No  
If yes, please identify the employer, job title, work performed, salary/compensation and date of employment.

**D. PERSONAL FINANCIAL (NET WORTH) STATEMENT**

Please complete and submit Attachment B of the Personal Net Worth for each owner(s). Attachment A must be maintained in your office.

E. Identify all owners of the applicant firm that have ownership, financial interest and/or affiliation in another firm (include non-profit organizations, domestic or foreign firms). Please identify the owner's name, company name, type of goods and/or services provided and the percentage of ownership. (Use attachment if necessary.)  N/A

Name	Company Name	Type of Business Services	% Ownership

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

**\*\*\*Complete signed copies of corporate federal tax returns for the previous three years for all above-mentioned firms must be submitted upon request. Note: Businesses are affiliates of each other when they share common ownership, common management, any contractual relations, etc. See appendix A on the SBD website.**

F. Have any changes (including but not limited to qualifier, ownership, control or legal structure of the business, etc.) occurred since your business most recent certification?  Yes  No

If yes, please describe below and provide copies of documentation of the changes:

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

**Section IV Financial Information**

**A. GROSS RECEIPTS FOR LAST THREE YEARS (Applicant Firm and Affiliates):**

Please submit Owner/Officer signed copies of corporate federal tax returns with all pages/schedules for the most recent year for domestic and foreign firms. 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 for domestic and foreign firms.

B. Number of authorized signatures on company's checking account: \_\_\_\_\_

Please give the name and title of individual(s) authorized to sign checks.

Print Name	Title
_____	_____
_____	_____
_____	_____



DISCLOSURE AFFIDAVIT FOR CERTIFICATION

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgements,

personally appeared \_\_\_\_\_, who being first duly sworn deposes and  
Print Name of Owner

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 \_\_\_\_\_, 201\_\_\_\_\_

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

My Commission Expires:

I UNDERSTAND THAT SMALL BUSINESS DEVELOPMENT, A DIVISION OF THE INTERNAL SERVICES DEPARTMENT OF MIAMI-DADE COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NON-APPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS. 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 SECTION 837.012, THE FLORIDA STATUTES.



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

Firm Name:		SBD Use Only
<input type="checkbox"/>	1. Personal Financial (net worth) Statement (for each owner of the applicant firm) Attachment B must be submitted with the application.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns, including all schedules for the most current year for the firm and/or affiliates. For sole proprietor, <b>signed</b> copies of individual tax returns for the most current year for the firm and/or affiliates.	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Copies of all current Miami-Dade County Local Business Tax (LBT) Receipt(s) (formerly Occupational License) for the firm. Note: if the firm is a professional association (e.g. accountant, architect, engineer) provide LBT for the firm and the individual. Firm name and address must match Local Business Tax Receipt	<input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	4. Copies of current State and/ or Miami-Dade licenses or permits.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	5. Copy of current Technical Certification (professional categories, land surveyors, mapping, geologist, etc. (SBE- Architecture and Engineering Firms ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Current lease agreement ( Purchase Agreement, or copy of Warranty Deed to show ownership of property <i>*** If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer's Quarterly Report-Form RT-6 or statement from payroll company (Goods & Services Only)	<input type="checkbox"/> Submitted
Comments:		



Small Business Development (SBD)

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>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Do you need assistance?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></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> E-Mail Address: _____</p> <p><b>How long have you been in business?</b> Less than 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> More than 3 years <input type="checkbox"/></p> <p><b>Type of Business:</b> Construction <input type="checkbox"/> Goods &amp; Services <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Retail <input type="checkbox"/> Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Technology <input type="checkbox"/> # of Employees _____</p> <p><b>Bonding Capacity:</b> _____</p> <p><b>Legal Structure of Business</b> Sole Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/></p>	<p><b>If yes, please check desired services:</b></p> <p>Business Counseling <input type="checkbox"/> Workshop/Classes <input type="checkbox"/> Business Plan <input type="checkbox"/> Marketing <input type="checkbox"/> Credit Repair _____ Legal Counseling <input type="checkbox"/> Employee Recruitment <input type="checkbox"/> Tax Credit Information <input type="checkbox"/> Insurance (Health/Other) <input type="checkbox"/></p> <hr/> <p>Financing <input type="checkbox"/> Accounting <input type="checkbox"/> Bonding <input type="checkbox"/> Other <input type="checkbox"/> _____</p> <p><b>Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Do you belong to a Chamber of Commerce or Industry Association/Organization?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate below: _____ _____ _____</p> <p><b>LEED Certified</b> <input type="checkbox"/></p>