

Instructions For:

Tampa-Hillsborough Unified Application Minority, Woman and Small (Local) Business Enterprise Certification/Registration



Hillsborough
County Florida

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1. **PLEASE READ THE INSTRUCTIONS, ELIGIBILITY CRITERIA GUIDELINES, AND DEFINITIONS ON THE NEXT PAGE BEFORE COMPLETING THIS APPLICATION.**
2. **APPLICANTS FOR HILLSBOROUGH COUNTY MUST REGISTER as a vendor in iSupplier by going to the following URL: hcflgov.net/en/businesses/doing-business-with-hillsborough/vendors.** If you experience issues during the registration process, contact Hillsborough County's Oracle Help Desk at 813-307-7160.
APPLICANTS FOR CITY OF TAMPA MUST REGISTER WITH ONVIA DEMANDSTAR ANNUALLY at www.demandstar.com or by calling (800) 711-1712. The basic subscription is **FREE**. For questions relating to DEMANDSTAR registration contact the City of Tampa Purchasing Department, at (813) 274-8351.
3. The original signed and notarized application must be submitted along with copies of the required documentation noted under "DOCUMENTATION TO SUBMIT WITH APPLICATION" on pages 3, 4 and 5.
4. If you submit your application to Hillsborough County, and you have questions regarding the application, requested documentation or processing status, please call **Rita Sauri (813) 307-8309**, or if you submit to the City of Tampa, **please call Ardail Allen (813) 274-5522**.
5. **WBE/MBE ONLY option:** If you're certain you only qualify as a **WBE** or **MBE** as defined on the next page and you desire to take advantage of one of your current certification with one of our **Approved Agencies**, the City of Tampa accepts women and minority business certificates and letters of certification from the agencies listed below. Complete and submit questions 1 through 31 (first 3 pages) and the signed notary page **from the application** along with the agency's letter or certificate.

APPROVED AGENCIES

**City of Orlando, FL Orange County, FL (MBE Alliance) Hillsborough County
Women's Business Enterprise National Council (WBENC – Florida Chapter only)**

6. **SBE ONLY option:** If you're certain you qualify as a Small Business Enterprise as defined on the next page, submit questions 1 – 31 (first 3 pages) and the signed notary page **from the application**, then see pages 3-5 of **these instructions** for the checklist of additional documents. Choosing this option automatically grants **SLBE** status with the City of Tampa.
7. Complete the online application for the City of Tampa by going to: tampa.diversitysoftware.com. Complete the online application for Hillsborough County by going to: hillsboroughcounty.diversitycompliance.com.
8. Return completed paper application and documents to:

Hillsborough County Minority and Disadvantaged Business Office Attention: Certification Services 601 E. Kennedy Blvd 20 th FL Tampa, Florida 33602 Phone: (813) 307-8309	[OR]	City of Tampa Minority and Small Business Development Office Attention: Certification Services 306 E. Jackson St., 5N Tampa, Florida 33602 (813) 274-5522
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9. You will be notified within 30 days of receipt of the application if your application has been submitted for a detailed eligibility review and/or whether it is complete or needs additional information. Applications that are not signed and notarized or where the majority of documents are missing and no explanation provided are subject to being returned to the applicant.
10. This application must be completed in its entirety. If a question does not apply, (e.g. the applicant's business is a sole proprietorship) simply line through or write "N/A" on those items related to corporations, LLCs, etc.
11. Remember to submit instructions page 2 with either page 3, 4 or 5 with your application package.

ELIGIBILITY CRITERIA AND DEFINITIONS

Please read carefully BEFORE completing the application.

Mark each box to apply for any of the **five certifications/registrations** you qualify for to maximize your business opportunities. Your application will be reviewed by City of Tampa (for SLBE, WBE and MBE) and Hillsborough County (for SBE and DM/DWBE) independently. Each agency will inform you of the outcome of its respective eligibility review.

You must submit this page with your application as well as the appropriate “DOCUMENTATION TO SUBMIT WITH APPLICATION”

CITY OF TAMPA

Small Local Business Enterprise (SLBE) is one that is independently owned; has 25 or fewer permanent full-time employees, average gross revenues for the last three years not exceeding \$2,000,000; is **domiciled in the Tampa Market Area (Hillsborough, Pasco, Polk, Pinellas or Manatee County)** and whose owner(s) is a permanent resident of the State of Florida. The business must have been established for a period of one year prior the application. *Race and Gender Neutral*

Woman Business Enterprise (WBE) is one that is at least 51% owned by a **Caucasian Female (CF)**, or females, who also control and operate the business and are permanent residents of the State of Florida. The business must have a permanent, functioning office within the State of Florida and be lawfully licensed within the relevant jurisdiction. The business must have been established for a period of one year prior the application.

Minority Business Enterprise (MBE) is one that is at least 51% owned by one of the minority groups identified below who also control and operate the business and are permanent residents of the State of Florida. The business must have a permanent, functioning office within the State of Florida and be lawfully licensed within the relevant jurisdiction. The business must have been established for a period of one year prior the application.

HILLSBOROUGH COUNTY

Small Business Enterprise (SBE) is a business which annual gross sales in professional consulting and contractual services average over the previous three year period cannot exceed \$3,000,000; in commodities the annual gross sales averaged over the previous three years period cannot exceed \$3,000,000; and, in construction the annual gross sales average over the previous three years cannot exceed \$3,000,000. Each business must be an independently owned and operated small business which employs twenty-five or fewer permanent full-time employees. The business must be **domiciled in Hillsborough County**. The business must have been established for a period of one year prior the application, and must serve a commercially useful function. To be identified and registered as a Service-Disabled Veteran Business, proof must be provided as defined in Florida Statute 295.187(3)(b). *Race and Gender Neutral* **Note: If you qualify for Hillsborough County SBE, you automatically qualify for City of Tampa SLBE.**

Disadvantaged Minority/Disadvantaged Women Business Enterprise (DM/DWBE) is a business which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51 percent owned by minority person(s) and/or women whose management and daily operations are controlled by such persons; which fulfills a commercially useful business function; and, which employs 50 or fewer permanent full-time employees average over a two year period; and that has a net worth of not more than \$2,000,000. As applied to sole proprietorships, the \$2,000,000 net worth requirement shall include both personal and business assets.

Minority classifications are:

- **African American**- a person (male or female) having origins in any of the indigenous racial groups of Africa.
- **Hispanic American**- a person (male or female) of Spanish or Portuguese heritage with origins in Spain, Portugal, Mexico, South America, Central America or the Caribbean Islands, regardless of race.
- **Asian American**- a person (male or female) having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or Pacific Islands including the Hawaiian Islands prior to 1778.
- **Native American**- a person (male or female) who has origins in any of the Indian Tribes of North America prior to 1835
- **Woman** – Caucasian Female

DOCUMENTATION TO SUBMIT WITH APPLICATION

SOLE PROPRIETORSHIP – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting.
For all other items, if not available, provide a written explanation

- _____ * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, etc.)
- _____ * Florida Fictitious Name Registration (not required if business name includes owner's **FIRST & LAST** name)
- _____ Proof of Female or Minority status for all owners/stockholders/members (**FOR DM/DWBE, MBE AND WMBE APPLICANTS ONLY**). (Note: for female and African American, a clear and legible copy of Florida Driver's license is sufficient. Others must provide a birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2nd or 3rd generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)
- _____ Proof of Florida residency for all owners (Voter's I.D. or Property Tax Exemption Certificate)
- _____ * Complete current resume showing education, training and employment experience with dates
- _____ Most recent financial statement of business net worth, balance sheet and annual financial statement of income
- _____ * Employer's Quarterly Wage report for last two quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete "Affidavit of No Employees"
- _____ * Last 3 year's personal federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years filed. If an extension has been filed for the most recent tax year due, provide a copy of the extension request.)
- _____ Third party agreements (e.g., rental or management service agreements, etc).
- _____ * **My business is principally domiciled in Hillsborough County; I've included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.**
- _____ Screen shot of current DemandStar/iSupplier registration with Hillsborough County.
- _____ * Proof of service-connected disability of all owners. (Must be 100% percent owned by one or more Service-Disabled Veterans)
- * **ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION (As explained in #8, page 1 of these instructions), YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS**

**IF APPLYING AS A SOLE PROPRIETORSHIP
SUBMIT THIS FORM WITH YOUR COMPLETED APPLICATION**

DOCUMENTATION TO SUBMIT WITH APPLICATION

CORPORATION/JOINT VENTURE – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting.
For all other items, if not available, provide a written explanation

- _____ * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, etc.)
- _____ All issued stock certificates (Corp) (front/back) **include canceled/voided certificates**
- _____ Stock Ledger (if kept)
- _____ Proof of Stock Purchase/Capital Investment (canceled check, purchase agreement, etc.)
- _____ Proof of Female or Minority status for all owners/stockholders/members (**FOR DM/DWBE, MBE AND WMBE APPLICANTS ONLY**). (Note: for female and African American, clear and legible copy of Florida Driver's license is sufficient. Others must provide birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2nd or 3rd generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)
- _____ Proof of Florida Residency for all owners (Voter's I.D. or Property Tax Exemption Certificate)
- _____ * Complete current resume showing education, training and employment experience with dates
- _____ Most recent Annual Report filed with the State of Florida (Actual Report – not Certificate of Status)
- _____ Articles of Incorporation and, if any, all amendments
- _____ Corporate Bylaws
- _____ Minutes of Organizational meeting of Shareholders and Board of Directors
- _____ Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant or business owned financial software.
- _____ * Employer's Quarterly Wage report for last eight quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete "Affidavit of No Employees".
- _____ * Last 3 year's business federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years filed. If an extension has been filed for the most recent tax year due, provide a copy of the extension request.)
- _____ Third party agreements (e.g., rental or management service agreements, etc).
- _____ * **My business is principally domiciled in Hillsborough County; I've included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.**
- _____ Screen shot of current DemandStar/iSupplier registration with Hillsborough County.
- _____ * Proof of service-connected disability of all owners. (Must be 100% percent owned by one or more Service-Disabled Veterans)

* **ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION (As explained in #8, page 1 of these instructions), YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS**

**IF APPLYING AS A CORPORATION/JOINT VENTURE
SUBMIT THIS FORM WITH YOUR COMPLETED APPLICATION**

DOCUMENTATION TO SUBMIT WITH APPLICATION

LLCs and PARTNERSHIPS – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting.
For all other items, if not available, provide a written explanation

- _____ * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, etc.)
 - _____ Certificates of Membership (if issued)
 - _____ Proof of Membership or Partnership Investments (canceled check, purchase agreement, etc.)
 - _____ Proof of Female or Minority status for all owners/stockholders/members (**FOR DM/DWBE, MBE AND WMBE APPLICANTS ONLY**). (Note: for female and African American, clear and legible copy of Florida Driver's license is sufficient. Others must provide birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2nd or 3rd generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)
 - _____ Proof of Florida Residency for all owners (Voter's I.D. or Property Tax Exemption Certificate)
 - _____ * Complete current resume showing education, training and employment experience with dates
 - _____ Most recent Annual Report filed with the State of Florida (Actual Report – Not Certificate of Status)
 - _____ Articles of Organization (LLC)
 - _____ Operating Agreement (LLC) ⁽¹⁾ or * Partnership/Profit Sharing Agreement
⁽¹⁾ Not required if LLC has only one member/manager
 - _____ Minutes of Organizational Meeting
 - _____ Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant or business owned financial software.
 - _____ * Employer's Quarterly Wage report for last eight quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete "Affidavit of No Employees".
 - _____ * Last 3 year's business federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years filed. If an extension has been filed. If an extension has been filed for the most recent tax year due, provide a copy of the extension request.)
 - _____ Third party agreements (e.g., rental or management service agreements, etc).
 - _____ * **My business is principally domiciled in Hillsborough County; I've included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.**
 - _____ Screen shot of current DemandStar/iSupplier registration with Hillsborough County.
 - _____ * Proof of service-connected disability of all owners. (Must be 100% percent owned by one or more Service-Disabled Veterans)
- * **ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION (As explained in #8, page 1 of these instructions), YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS**

**IF APPLYING AS A LLC AND PARTNERSHIP
SUBMIT THIS FORM WITH YOUR COMPLETED APPLICATION**

Application

Please note: Not submitting ALL appropriate documents with this application may result in your file being delayed and ultimately closed. To avoid this, be sure and include the following pages FROM THE PREVIOUS INSTRUCTIONS SECTION with this application:

1. Instructions Page 2 (completed)
2. Instructions Page either 3,4 or 5 (completed) depending on the legal structure of your business -
 - If you are a Sole Proprietor - submit page 3
 - If you are a Corporation/Joint Venture – submit page 4
 - If you are an LLC/Partnership – submit page 5

*Also send a copy of the iSupplier registration approval notice.



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TAMPA - HILLSBOROUGH UNIFIED APPLICATION

MINORITY AND SMALL BUSINESS CERTIFICATION/REGISTRATION



Hillsborough County Florida

HCFLGov.net

Each DM/DWBE and/or SBE, SLBE/WMBE, applicant is required to provide certain relevant information in order to evaluate the legitimacy of said applicant prior to certification/registration. This information must include, but is not limited to, the information requested on this form.

IMPORTANT: Read the instructions, eligibility criteria, program description and procedures before you start this application.

- 1. Identify Ethnicity of Majority Stockholder(s) (51% or more)
2. Identify Gender of Majority Stockholder(s) (51% or more)
3. Name of Applicant Business
4. d/b/a name (if applicable)
5. Owner's Name Phone
6. Federal ID (FIN, FEIN) or Social Security number (for sole proprietor)
7. iSupplier and DemandStar Vendor Registration Number (REQUIRED, see #2 of the instructions).
8. Mailing Address
9. Physical Address
10. Phone Fax Cell
11. Identify County and State where business is headquartered.
12. E-mail: Website:
13. Do you accept Credit Cards: Yes No Type:
14. Business start date Legal Structure: Sole Proprietor Partnership C Corporation S Corporation Limited Liability Company (LLC) Joint Venture Franchise Yes No
15. Number of Permanent employees: Full-time Part-time Leased Temporary: (#Other):
16. Describe all products/services for which certification is sought

17. List NIGP code(s) from DemandStar/iSupplier registration. (Attach additional sheet if necessary.)

18. Identify all owners by name(s) of individuals (sole proprietor), stockholders (corporations) or members (LLCs):

Name of Owner	Race	Sex	% Owned	Voting %	For Corporations ONLY		
					# Shares Owned	Preferred	Common
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

(Use additional page if needed) Total Shares Issued & Outstanding: _____

19. For Corporations/LLCs: Amount paid by shareholders/members for shares/membership.

Shareholder/Member Name	Cash Paid	Outstanding Loans	Date of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. If any owner of the applicant business also has an ownership interest in another business, operates or is employed by any other business, please indicate:

Name of owner	Name of other business	Relation to applicant business

21. If your business is owned in full or part by a business listed in item 18, list on separate sheet that business's shareholders to include percentage of ownership interest and the name and address of directors and officers.

22. Is applicant business a franchise, subsidiary or affiliate of another business: Yes _____ No _____

23. Are all owners of applicant business U.S. Citizens? ___Yes ___No (not U.S. Citizens) If No, provide names(s)

24. Are all owners/stockholders permanent, lawful residents of the State of Florida? Yes _____ No _____

25. Specify the annual gross receipts (sales) of the business and net worth for the past three years.

a) Year Ending _____	Total Receipts \$ _____	Net Worth _____
b) Year Ending _____	Total Receipts \$ _____	Net Worth _____
c) Year Ending _____	Total Receipts \$ _____	Net Worth _____

26. Has your business ever been certified as a Women/Minority or Small Business? [] Yes [] No

If yes, specify the following:

Type of Certification	Certifying Agency	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Has your business ever had certification denied or revoked as a Women, Minority or Small Business? [] Yes [] No
 If yes, specify the following:

Type Applied for	Reviewing Agency	Reason for Denial
_____	_____	_____
_____	_____	_____
_____	_____	_____

28. Provide the name of all officers of the business, the date elected and state his/her current employment if with another employer.

President: _____ Date Elected: _____ Employed By: _____
 Vice Pres: _____ Date Elected: _____ Employed By: _____
 Secretary: _____ Date Elected: _____ Employed By: _____
 Treasurer: _____ Date Elected: _____ Employed By: _____

(Attach additional sheets if necessary.)

29. For Corporations: Identify current Board of Directors:

Name	Ethnicity	Gender	Date of Election
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30. For Corporations: Identify prior Board of Directors (if different from above).

Name	Ethnicity	Gender	Date of Election
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31. **For LLCs only:** If managed by Managers, provide the following:

Manager Name	Ethnicity	Gender	Date of Election
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

32. List all sources, amounts and purpose of loans to the business, including name of person(s)/business(s) securing loan.

Source: _____
 Secured by: _____
 Amount: _____ Balance: _____ Purpose: _____

 Source: _____
 Secured by: _____
 Amount: _____ Balance: _____ Purpose: _____

33. Identify your business's management personnel who control your business in the following areas:

a. Financial Decisions (responsible for acquisitions of lines of credit, surety bonding, supplies, etc)

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

b. Estimating and Bidding:

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

c. Negotiating and Contract Execution:

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

d. Hiring/firing of management/supervisory personnel:

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

e. Field/Production Operations Supervisor(s):

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

f. Marketing/Sales:

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

g. Purchasing Major Equipment

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

h. Authorized to sign business checks (for any purpose); Number of Signatures required: _____

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

Identify any signing limitations for each individual identified in h. above (e.g., check amount, 2nd signature required, etc.)

i. Authorized to make financial transactions

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

j. Office management

Name	Title	Ethnicity	Gender
_____	_____	_____	_____
_____	_____	_____	_____

34. Do any of the individuals listed in 34 (a-j) perform management or Supervisory functions for any other business? [] Yes [] No
 If yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____
 Person: _____ Title: _____
 Business: _____ Function: _____
 Person: _____ Title: _____
 Business: _____ Function: _____

35. Percentage of work to be performed by your own work force on project/contracts: _____ %
 For projects/contracts awarded to applicant business, identify those trades, services, etc. that are generally subcontracted to another business/individual: _____

36. Does the applicant business receive assistance from another business (including prime/sub-contractors, suppliers, leasing business, etc.,) for any of the following?

	YES	NO	PROVIDE DETAILS
Supervision at Job Site	_____	_____	_____
Bonding/Insurance	_____	_____	_____
Hiring/Firing	_____	_____	_____
Personnel/Manpower	_____	_____	_____
Purchasing Supplies/Materials	_____	_____	_____
Payroll/Worker's Comp.	_____	_____	_____
Bookkeeping/Admin Services	_____	_____	_____
Shared Office Space	_____	_____	_____
Shared Equipment	_____	_____	_____

37. Is the applicant business bonded? [] Yes [] No Bonding Limit? _____
 If yes, specify Bonding Business/Agent: _____
 Identify business's banking institution: _____
 Source of line of credit: _____
 Who negotiates surety bonds, insurance and contract matters? _____

38. List all current licenses/permits held by any owner and/or employee(s) of the business.

Name of license/permit holder	Type of License	License #, State or County	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

39. List the 3 largest projects/contracts completed (or sales made) by applicant business in the past 3 years:

Prime Contractor Name	Location	Work Performed	Value of Contract
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

40. Identify prior and current jobs/projects the applicant business has performed on: If none, initial here _____

Prime Contractor Name	Location	Work Performed	Value of Contract
Started _____/_____/_____	Anticipated Completion _____/_____/_____	_____	_____
Prime Contractor Name	Location	Work Performed	Value of Contract
Started _____/_____/_____	Anticipated Completion _____/_____/_____	_____	_____
Prime Contractor Name	Location	Work Performed	Value of Contract
Started _____/_____/_____	Anticipated Completion _____/_____/_____	_____	_____

41. Identify prior and current business clients (attach separate list if necessary):

Client name	Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

42. Identify any stock options or other ownership options that are outstanding and any loans between the owners or between owner and third parties relevant to the business entity. (If any, check below & attach)

Attached. (If none, affirm the following statement by signing in the space provided.)
“I affirm that there are no stock options or other ownership options currently outstanding, nor any loans between owners or between owners and third parties relevant to the business which I represent and for which I make this SLBE, WMBE, SBE, DM/DWBE application.”

Affirming Signature

43. All oral and tacit agreements shall be reduced to writing and submitted with this affidavit. Such agreements may include, but are not limited to the ownership of voting securities, buy-out rights agreements affecting voting rights of shareholders, loan agreements, equipment rental, management services agreements, etc.

Attached. (If none, affirm the following statement by signing in the space provided.)
“There are no written, oral or tacit agreements concerning the operation of the business between any persons associated with the business.”

Affirming Signature

APPLICATION AFFIDAVIT

I _____ (full name printed), swear and affirm that I am _____ (title) of the applicant business _____ (business name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements are true and correct to the best of my knowledge and that all responses to the questions are full and complete, omitting no material information. I further agree to permit an audit and examination of books and files of the named business in the event Hillsborough County Board of County Commissioners or City of Tampa wishes to verify the information and documentation provided herein:

Furthermore, I understand that I may not:

- a. fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining, retaining or attempting to obtain certification and/or registration from Hillsborough County or City of Tampa.
- b. willfully make a false statement, whether by affidavit, report, or other representation, to an official or employee of Hillsborough County Board of County Commissioners or City of Tampa for the purpose of influencing the certification and/or registration or denial of certification and/or registration of any entity;
- c. willfully obstruct, impede, or attempt to obstruct or impede any County official or employee of Hillsborough County Board of County Commissioners or City of Tampa who is investigating the qualifications of a business entity which has requested certification and/or registration in these programs..

Any material misrepresentation will be grounds for initiating action under appropriate laws concerning false statements.

Owner(s) Signature **Date**

STATE OF: _____ COUNTY OF: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and did take an oath.

In witness thereof, I hereunto set my hand and official seal.

Notary Public Signature (Seal)

Notary Public Printed Name

My Commission Expires: _____

RETURN COMPLETED APPLICATION AND DOCUMENTS TO:

Hillsborough County
Minority and Disadvantaged Business Office
Attention: Certification Services
601 E. Kennedy Blvd 20th Fl
Tampa, Florida 33602
Phone: (813) 307-8309

OR

City of Tampa
Minority and Small Business Development Office
Attention: Certification Services
306 E. Jackson St., 5N
Tampa, Florida 33602
(813) 274-5522