



RE-CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT DIVISION

Date Received (Stamp Date Below):

STEPHEN P. CLARK BUILDING

111 N.W. 1ST STREET, 19th Floor

MIAMI, FL 33128

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

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

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: _____

*You must submit copies of the current year
Miami-Dade County and Municipality Local Business
Tax Receipt (formerly Occupation License).*

Address: _____

City: _____ State: _____ Zip Code: _____



4. CURRENT OWNERSHIP WITHIN THE CERTIFIED BUSINESS:

Name of Owner(s)	Race/Ethnicity/Gender Group	% of Ownership	Other Firms Owned?	
			Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N

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

Name of Owner(s)	Company Name	Type of Business/ Services Provided	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 SEPARTE 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, VENFOR OR SUB VENDOR TO DECERTIFICATION, CIVIL OR CRIMINAL PROSECUTION. SEE CHAPTER 837. SECTION 337.012, 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

Name of Business:		SBD Use Only
<input type="checkbox"/>	1. CSBE Personal Financial Statement (Construction Firms Only) (See Section #9 of Application) <input type="checkbox"/> N/A	<input type="checkbox"/> Submitted
<input type="checkbox"/>	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").	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	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. <ul style="list-style-type: none"> Name of Business and address on LBT receipt must be current 	<input type="checkbox"/> Submitted
<input type="checkbox"/>	4. Copies of current State and/ or local Certificate of Competency (front and back) from Miami-Dade County, contractor's professional license.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	5. Copy of current Technical Certification (Professional categories, land surveyors, mapping, geologist, etc.-CBE certifications ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Current copy of Lease Agreement, Purchase Agreement, or Copy of the Warranty Deed (to show ownership of property).	<input type="checkbox"/> Y <input type="checkbox"/> N If No, Where is Office Located? <hr/> <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 (Goods & Services Only)	<input type="checkbox"/> Submitted