



**INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT**

**Small Business Enterprise Certification Eligibility Requirements**

**Small Business Programs:**

**Small Business Enterprise – Goods and Services** are small businesses that provide goods and/or services to Miami-Dade County:

- Business must be established for one (1) year
- Business must have an actual location in Miami-Dade County
- Home based business requires an owner to reside at the location
- Business 3 Years average gross receipt not to exceed \$5 million except Wholesalers & Manufacturers whose number of employees cannot exceed 100 and 50
- Business owner can own only one certified Micro/SBE firm
- Business License holder/qualifier (*if applicable*) must own at least 10% of the firm’s issued stocks or have at least a 10% ownership interest in the certified firm.

**Small Business Enterprise – Construction** are defined as independent construction companies:

- Business must have an actual location in Miami-Dade County
- Home based business requires an owner to reside at the location
- \*\*\*\*\*Virtual office location is not accepted for certification\*\*\*\*\*
- Business must have a valid Local Business Tax (LBT) Receipt issued by Miami-Dade County at least one (1) year prior to certification
- Business owner can own only one certified CSBE firm
- Business License holder/qualifier must own at least 10% of the firm’s issued stocks or have at least a 10% ownership interest in the certified firm.
- Business 3-years average gross receipts not to exceed \$10 million for general building (NAICS 236/SIC 15), \$6 million for heavy construction contractors (NAICS 237/SIC 16), and \$5 million for specialty trade contractors (NAICS 238/SIC 17)
- Business owner(s) Personal Financial (net worth) Statement cannot exceed \$1,500,000 for each owner

**Small Business Enterprise – Architectural and Engineering** are defined as independent corporations, partnerships, sole proprietors or other legal entities in the architecture and/or engineering industry:

- Business must have an actual location in Miami-Dade County
- Home based business requires an owner to reside at the location
- \*\*\*\*Virtual office location is not accepted for certification\*\*\*\*\*
- Business must have a valid Local Business Tax (LBT) Receipt issued by Miami-Dade County at least one (1) year prior to certification
- Business owner can own only one certified CBE firm
- Business License holder/qualifier (*if applicable*) must own at least 25% of the firm’s issued stocks or have least a 25% ownership interest in the certified firm.
- Business 3-years average gross receipts not to exceed \$6 million for Engineers, Surveying & Mapping & Landscape Services, \$4.5 million for Architectural
- Business owner(s) Personal Financial (net worth) Statement cannot exceed \$1,500,000 for each owner

**LDBs** (Local Developing Business) are small businesses that have nonexclusive permits to provide general aeronautical services to commercial aircraft operators and airlines at Miami International Airport.

Business must have an actual location in Miami-Dade County

- Business must have a valid Local Business Tax (LBT) Receipt issued by Miami-Dade County
- Business 3-years average gross receipts not to exceed \$22,410 million
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**Disadvantaged Business Programs:**

**DBEs** (Disadvantaged Business Enterprise) is a federal program that ensures equal opportunity in transportation contracting markets, addresses the effects of discrimination in transportation contracting, and promotes increased participation in federally funded contracts by small, socially and economically disadvantaged businesses, including minority and women owned enterprises. Miami-Dade County is a Unified Certification Program (UCP) member and a certifying agency

- Miami-Dade County is responsible for certifying DBE firms whose principal place is located is in Miami-Dade County.

Please download the application

at: <http://www.dot.state.fl.us/equalopportunityoffice/dbecertification.shtm> and submit to SBD for processing.

Note:

- **The Miscellaneous Construction Contract (MCC) Program - 7040 Plan** is set-aside solely for SBE firms certified by Miami-Dade County SBD. This plan utilizes a blind rotation process that factors the required building trade, value of the solicitation, number of times vendors have been invited to bid and prior work assigned. All firms must be certified and registered under the MCC 7040 Plan before bidding on a solicitation.
- **The Miscellaneous Construction Contract (MCC) Program - 7360 Plan** is open-competitive and accessible to all contractors. This plan is utilized when federal funding is involved or when a 100 percent SBE goal is not attainable due to unavailability of certified firms in the required trades.



CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT (SBD)
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-SBE.asp

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 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:

Check Certification(s) Requested:

Miami - Dade County Small Business Programs:

- Small Business Enterprise - Goods & Services
Small Business Enterprise - \*Construction
Small Business Enterprise - Architectural 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 Only):
City: State: Zip Code: County:
Contact Person: Title:
Majority Owner's Name:
Office Telephone: Fax: Business Cell Phone
E-mail:
Mailing Address (if different):

B. ALL APPLICANTS MUST INDICATE THE BUSINESS' ESTABLISHED DATE:
BUSINESS ENTITY FEDERAL ID NO.

BUSINESS STRUCTURE:

- CORPORATION SUB CHAPTER S CORPORATION

(Please provide form 2553- Election by Small Business Corporation)

Date of Incorporation: State of Corporation:

The Firm is authorized to issued how many Shares:

Have any shares been issued? Yes No

If yes, indicate below type/number of shares issued: (copies of corporate documents are required)

Number of Preferred: Number of Common:

- LLC - Limited Liability Company - Members Certificate required (if applicable)
PARTNERSHIP - Partnership Agreement required (if applicable)
SOLE PROPRIETORSHIP SSN:/EIN:

C. PLEASE STATE THE TYPE OF SERVICES PROVIDED OR PRODUCTS SOLD BY YOUR FIRM.

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(Please indicate below the NIGP Commodity Codes for **SBE – Goods and Services**)  N/A

[www.miamidade.gov/procurement](http://www.miamidade.gov/procurement)


(Please indicate the NAICS Codes for all LDB and **SBE – Construction**)  N/A

[http://www.sba.gov/sites/default/files/Size\\_Standards\\_Table.pdf](http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf)


(Please use the Technical Certification Categories for **SBE – Architectural and/or Engineering**)  N/A

<http://www.miamidade.gov/internalservices/technical-certification.asp>


### 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	% Ownership

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

### C. PERSONAL FINANCIAL (NET WORTH) STATEMENT

**What is the Personal Net Worth of the owner(s) applying for SBE Certification?** (Complete the attached the Personal Financial Statement Form – Attachment A and B at the end of this application).

**D. Identify those individuals who are responsible for day-to-day management and policy decisions.**  
 If more than two persons need to be listed, you may attach a separate sheet.

	Name of Person(s)	Title
Contract Negotiation	1.	
	2.	
Field Supervisor	1.	
	2.	
Financial Decisions	1.	
	2.	
Management Decisions	1.	
	2.	
Marketing Decisions	1.	
	2.	
Management Technical Personnel	1.	
	2.	

**E. Name of current members of the Board of Directors:**  N/A

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

**F. Identify all owners of the applicant firm that have ownership and/or financial interest in another firm (to include non-profit organizations). 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	% Ownership

*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. \*\*\*Complete signed copies of corporate federal tax returns for the previous three years for all above-mentioned firms must be submitted upon request.*

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

**G.** Is your company owned in full or in part by another firm, identifies that firm and percentage of ownership interest (Include Mesbics (investment companies), venture capitalists, and other similar investors.)  N/A

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

**H.** Does any owner/principal/board member/officer work for another firm engaged in the same or similar line of business?  Yes  No

If you answered yes to the above question, please identify the individual(s), other firm(s) ownership percentage, and/or percentage, and or/position held with the other firm as applicable, Attached sheet it needed.

Individual Name	Title/Position	Company

**I.** 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):  no changes

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

**J.** 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.

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

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

Yes  No If "yes", please complete the following and attach legal opinion from the Ethic Commission.

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

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

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

**Section IV Financial Information**

**A. GROSS RECEIPTS FOR LAST THREE YEARS:**

*Please submit Owner/Officer signed copies of corporate federal tax returns with all pages/schedules for the past three (3) years.*

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

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

Print Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

**C. List all cash contributions to your business during the past 36 months, including gifts, loans, equipment, expertise, etc.:**  N/A

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

**Section V Certification History**

**A. Has the Applicant firm or any firm affiliated with the Applicant firm has 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 and explain on a separate sheet of paper:

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

**B. Has the Applicant firm or any firm affiliated with the Applicant firm's owner, officers, directors, or senior management been suspended or debarred from contracting with any government entity?**

YES  NO if yes, please explain on a separate sheet of paper.

**Section VI Licenses and Registrations**

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:

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B. Is your firm authorized to do business in Miami-Dade County, and has a valid Miami Dade County Local Business Tax Receipt for at least one year?  
 Yes  No If “No”, please explain:

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**Section VII Facility Information**

A. List all offices and facilities used by the Applicant Firm. **NOTE:** In the chart below use “C” for a Commercial location and “R” for Residential location. Attach written lease agreements (with contract information for landlord) or proof of ownership (deed, mortgage agreement, or property tax bill).  
\*\*\* 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

Address (Street Number, FL/Rm/Ste., City, and Zip)	Purpose (i.e. principal office, storage, warehouse)	Size (Approx.Sq. Ft.)	Type (C/R)	Shared (Y/N)

B. List the name(s) and contact information of the firm(s) that shares space with the Applicant firm.

Shared Facility Address (Street Number, FL/Rm/Ste., City, and Zip)	Name of Firm Sharing Facility	Principal Business Activities	Contact Name	Telephone





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 affirms that the provided information statements are true and correct to the best of his/her knowledge information and belief.

Print Name of Owner

\_\_\_\_\_  
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 STATUES.



## **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) (See Attachment A & B of Application)	<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. (See Section #14 of Application)	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Copies of Corporation/ LLC/Partnership/ Sole Proprietorship Documents (See Section 3) (Articles of Incorporation, Stock Certificate (front and back); Stock Ledger, Corporation Meeting Minutes, Operating Agreement , Membership Certificate) <i>***If there are no Corporate documents or stock certificates issued, please provide a written statement indicating as such.</i>	<input type="checkbox"/> Submitted (Sunbiz.org Report)
<input type="checkbox"/>	4. Qualifier must be an owner: <input type="checkbox"/> SBE-Architectural & Engineering– 25% <input type="checkbox"/> SBE- Construction – 10% <input type="checkbox"/> SBE-Goods & Services - 10%	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	5. Picture ID for each owner (i.e., driver's license)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. 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.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copies of current State and/ or Miami-Dade County Certificate of Competency (front and back) or other contractor's professional license.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	8. 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"/> Submitted
<input type="checkbox"/>	9. 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
	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"/> Financing <input type="checkbox"/> Accounting <input type="checkbox"/> Bonding <input type="checkbox"/> Employee Recruitment <input type="checkbox"/> Tax Credit Information <input type="checkbox"/> Insurance (Health/Other) <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>



INTERNAL SERVICES DEPARTMENT  
SMALL BUSINESS DEVELOPMENT  
SMALL BUSINESS CERTIFICATION APPLICATION

BUSINESS OWNER'S DETAILED PERSONAL FINANCIAL STATEMENT (*Attachment A*)  
PERSONAL FINANCIAL STATEMENT AFFIDAVIT (*Attachment B*)

**These forms must be completed and notarized for all New Applications, Re-certification Applications and Annual Continuing Eligibility Affidavits for Small Business Certification. Attachment A must be maintained with your office records, and made available to Small Business Development ("SBD") when site visits are conducted. Failure to comply with these requirements will result in the non-certification or immediate decertification of your business. Attachment B must be submitted with your application.**

INSTRUCTIONS ON COMPLETING THE PERSONAL FINANCIAL STATEMENT AND AFFIDAVIT

**All Owners MUST Complete the Personal Financial Statement and Affidavit**  
**Each Owner (including Married Owners) Must Provide Individual Personal Financial Statements**

**\*\*\*\*\*Joint Statements Are Not Acceptable\*\*\*\*\***

**Please Note:**

The Personal Net-Worth ("PNW") for each owner cannot exceed \$1.5 million. Your personal net-worth is a monetary figure that is calculated by subcontracting your total liabilities from your total assets. When calculating your PNW, the following should be excluded:

1. Value of the business.
2. Value of your primary residence for which there is a homestead exemption.
3. All applicable retirement accounts (i.e., IRA, 401k, pension, or other official retirement account).

Each owner MUST provide information about the terms and restrictions of the retirement account(s) to SBD, and certify that the retirement account(s) is legitimate. Representations as to average gross revenues, personal net worth of owners and payroll shall be subject to audit.

If you hold any assets or liabilities jointly, you (the owner), need only include the value of your individual share.

**SECTION 1: CASH ON HAND & IN BANKS**

This is the total amount of your cash on hand, including funds deposited in U.S and Foreign financial institutions. This includes, but is not limited to, funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

Name of Financial Institution	Account Type	Ownership %	Amount
			\$
			\$
			\$
<b>Total Cash</b> (Transfer to Summary Page Line 1)			\$

**SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS**

Individual and other retirement accounts; include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan. ***Funds invested in an individual retirement account ("IRA"), 401k, pension, or other official retirement account will be excluded from assets by SBD with the submission of the terms and restrictions of the account(s) to SBD.***

Name of Company or Institution Holder	Current Value
	\$
	\$
	\$
<b>Total Retirement Accounts</b> (Transfer to Summary Page Line 2)	
	\$

**SECTION 3: LIFE INSURANCE - CASH SURRENDER VALUE**

The CASH SURRENDER VALUE of any life insurance policies you own. Indicate any loans against these policies.

Name of Insurance Company	Surrender Value	Loan Amount
	\$	\$
	\$	\$
	\$	\$
<b>a. Total Surrender Value</b> (Transfer to Summary Page Line 3)		<b>a. \$</b>
<b>b. Total Loans Outstanding</b> (Transfer to Summary Page Line 13)		<b>b. \$</b>

**SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES**

The value of your stocks, bonds, securities, and any other investments not covered in previous sections.

Name of Trustee or Brokerage Account	Ownership %	Market Value
		\$
		\$
		\$
<b>Total Stocks, Bonds, &amp; Securities</b> (Transfer to Summary Page Line 4)		\$

**SECTION 5: CURRENT FAIR MARKET VALUE OF ALL OTHER BUSINESS OWNERSHIP(S)**

You must declare the current fair market value(s) of your interest in all other businesses owned. Use the most recent financial statement to determine the value of your ownership interest(s).

(i.e. Assets – Liabilities = Current Fair Market Value)

NAME OF BUSINESS (Exclude Applicant Business)	Ownership %	Market Value
1.		\$
2.		\$
3.		\$
<b>Total Value of Ownership</b> (Transfer to Summary Page Line 5)		\$

**SECTION 6: REAL ESTATE**

**DO NOT LIST YOUR PRIMARY RESIDENCE OR ANY MORTGAGE OR OTHER LOAN(S) AGAINST YOUR PRIMARY RESIDENCE.** List all other property at current market value. This includes, but is not limited to, rental homes, condominiums, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List all mortgages against these real properties. (Use additional sheet, as necessary. Identify all lending institutions on a separate sheet)

ADDRESS (Include City and State)	TYPE OF USE	OWNERSHIP %	MARKET VALUE	MORTGAGE BALANCE
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total Real Estate</b> (Transfer to Summary Page Line 6)			\$	\$
<b>Mortgage Loan(s)</b> (Transfer to Summary Page Line 14)				

**SECTION 7: PERSONAL VEHICLES**

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE
		\$	\$
		\$	\$
		\$	\$
<b>a. Total Value</b> (Transfer to Summary Page Line 7)		<b>a. \$</b>	<b>b. \$</b>
<b>b. Total Loan Balance</b> (Transfer to Summary Page Line 12)			

**SECTION 8: OTHER PERSONAL PROPERTY**

**YOU MUST DECLARE ALL OTHER PERSONAL PROPERTY,** which includes, but is not limited to, household goods, computers, electronic equipment, jewelry, antiques and collectibles, etc. at their current market value. You must retain your compilation list, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

DESCRIPTION	AMOUNT
	\$
	\$
<b>Total Other Personal Property</b> (Transfer to Summary Page Line 8)	
	\$

**SECTION 9: OTHER ASSETS**

The market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE
	\$
	\$
	\$
<b>Total Other Assets</b> (Transfer to Summary Page Line 9)	
	\$



**SECTION 10: ACCOUNTS PAYABLE**

These include credit card debt, store accounts and other personal obligations, not associated with the applicant firm, payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
			\$
			\$
			\$
<b>Total Accounts Payable</b> (Transfer to Summary Page Line 10)			\$

**SECTION 11: NOTES PAYABLE**

Include the current balance(s) of any personal loan(s) not reflected elsewhere in this document and any other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule. DO NOT INCLUDE BUSINESS RELATED NOTES FOR WHICH YOU ARE, IN ANY WAY, PERSONALLY RESPONSIBLE.

DESCRIPTION OF LOAN	AMOUNT
	\$
	\$
	\$
<b>Total Notes Payable</b> (Transfer to Summary Page Line 11)	

**SECTION 12 UNPAID TAXES**

Include your portion of any current obligation for unpaid taxes, i.e. Federal, State, or County property assessments. WE MAY REQUEST EVIDENCE OF THIS OBLIGATION.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
			\$
			\$
<b>Total Unpaid Taxes</b> (Transfer to Summary Page Line 15)			\$

**SECTION 13: OTHER LIABILITIES**

Include your share of any liability not previously accounted for in this statement. DO NOT LIST ANY CONTINGENT OR DEFERRED LIABILITIES. DO NOT LIST ANY APPLICANT BUSINESS LIABILITIES.

DESCRIPTION	AMOUNT
	\$
	\$
<b>Total Other Liabilities</b> (Transfer to Summary Page Line 16)	



**PERSONAL FINANCIAL STATEMENT SUMMARY PAGE Attachment A**  
**SMALL BUSINESS CERTIFICATION PROGRAM**

**PERSONAL NET WORTH OF** \_\_\_\_\_  
 (PRINTED NAME OF INDIVIDUAL)

**AS OF:** \_\_\_\_\_  
 (DATE)

**ASSETS** **DOLLAR VALUE**

- |  |                           |                 |
|--|---------------------------|-----------------|
| 1. Cash  | (Total <b>Section 1</b> ) | \$ _____        |
| 2. Retirement Accounts   | (Total <b>Section 2</b> ) | _____           |
| <i>(SBD will deduct if the terms and restrictions of the account(s) are submitted)</i> |                           |                 |
| 3. Life Insurance  | (Total <b>Section 3</b> ) | _____           |
| 4. Stocks, Bonds, and Other Securities   | (Total <b>Section 4</b> ) | _____           |
| 5. Fair Market Value of All Business(s)  | (Total <b>Section 5</b> ) | _____           |
| 6. Real Estate   | (Total <b>Section 6</b> ) | _____           |
| 7. Personal Vehicles   | (Total <b>Section 7</b> ) | _____           |
| 8. Other Personal Property   | (Total <b>Section 8</b> ) | _____           |
| 9. Other Assets  | (Total <b>Section 9</b> ) | _____           |
| <b>TOTAL ASSETS</b>  |                           | <b>\$ _____</b> |

**LIABILITIES** **DOLLAR VALUE**

- |                                  |                            |                 |
|----------------------------------|----------------------------|-----------------|
| 10. Accounts Payable             | (Total <b>Section 10</b> ) | \$ _____        |
| 11. Notes Payable                | (Total <b>Section 11</b> ) | _____           |
| 12. Notes on Personal Vehicles   | (Total <b>Section 7</b> )  | _____           |
| 13. Loans against Life Insurance | (Total <b>Section 3</b> )  | _____           |
| 14. Real Estate Mortgage(s)      | (Total <b>Section 6</b> )  | _____           |
| 15. Unpaid Taxes                 | (Total <b>Section 12</b> ) | _____           |
| 16. Other Liabilities            | (Total <b>Section 13</b> ) | _____           |
| <b>TOTAL LIABILITIES</b>         |                            | <b>\$ _____</b> |

**NET WORTH (Total Assets, Minus Total Liabilities)** **\$ \_\_\_\_\_**





PERSONAL NET WORTH AFFIDAVIT

(Attachment B)

**THIS FORM MUST BE SUBMITTED WITH THE APPLICATION**

NAME OF FIRM: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRINT NAME)

NAME OF OWNER: \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_  
(PRINT NAME)

ASSETS  
TOTAL ASSETS \$ \_\_\_\_\_

LIABILITIES  
TOTAL LIABILITIES \$ \_\_\_\_\_

**NET WORTH (Total Assets minus Total Liabilities)** \$ \_\_\_\_\_

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. THE DETAILED PERSONAL FINANCIAL STATEMENT MUST BE MAINTAINED AT MY BUSINESS LOCATION AT ALL TIMES, AND AVAILABLE FOR REVIEW. FAILURE TO PRODUCE THE DETAILED PERSONAL FINANCIAL STATEMENT SHALL RESULT IN NONAPPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS.

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

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

Acknowledgement personally appeared \_\_\_\_\_, 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

SWORN TO and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: