

Application For Certification

Submit Completed Form and Required Support Documents to:
 City of Lauderdale
 Purchasing Division
 purchasing@lauderdale-fl.gov

FOR INTERNAL USE ONLY	
Vendor No. _____	
Entered by _____	Date: _____
Scanned by _____	Date: _____

Certification
<input type="checkbox"/> Small Business Enterprise (SBE)

Date Business was established _____

1. Business Name (as shown on your income tax return) _____			
2. DBA (if different than above) _____			
3. Federal Tax Identification Number (FEIN): _____			
4. Physical Address (Number & Street) _____			
5. City	State	Zip Code	County
6. Phone Number	7. Fax Number		
8. Email Address		9. Web Address:	
10. Time at Current Address:		Years:	Months:

12. Remit/Additional Address if applicable _____			
13 City	State	Zip Code	County
14. Phone Number	15. Fax Numbe		
16. Contact Person	17. Email		

18. Business Classification (Mark all those that apply - include certification letters) - At least 51% owned by:

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> County - MWBE	<input type="checkbox"/> County - SBE
<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American	<input type="checkbox"/> School District - MWBE	<input type="checkbox"/> School District - SBE
<input type="checkbox"/> Minority Woman Owned	<input type="checkbox"/> Caucasian Woman Owned	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Non Minority
			<input type="checkbox"/> Service Disabled Veteran Business

19. Describe your core business: List No More than Five (5) Commodity Codes that best describe the commodities/services directly supplied by your organization Codes are found on the website at www.lauderdale-fl.gov

20. Business Structure (Select One)

Sole Proprietorship
 C-Corporation
 S-Corporation
 Partnership
 Limited Liability Company
 Other , please specify _____

21. Business Industry (Select One)

Construction Trade
 Professional Services
 Goods and Services

22. Status of Entity - If the response is "Yes" attach a detailed explanation, including support documentation.

Yes No 1. Is your firm a non-profit organization?

STOP If your firm is not-for-profit contact the Purchasing Division.

Yes No 2. Is your firm part of a joint venture, indemnity organization, distributorship, or a licensed franchise?

Yes No 3. Has the firm been denied or de-certified by any other government entity?

Yes No 4. Has the firm earned revenues in its business classification within the last 12 months?

Yes No 5. Has the firm ever existed under different ownership, a different type of ownership, or a different name?

23. Required support documents for all applicants for all firms

- _____ Copy of professional license(s) or Certificate of Competency (if applicable)
- _____ Broward County Tax Receipt
- _____ City Business tax receipt (from the city where business resides)
- _____ Fictitious name certificate (if applicable)
- _____ City Business tax receipt (from the city where business resides)
- _____ Copy of W9
- _____ Certificate of Liability Insurance
- _____ Attach any relevant licenses or certificates your firm may hold.

Disclosure Affidavit for Certification

(Signed by the majority business owner and notarized)

The undersigned does hereby declare that the statements contained in this Disclosure Affidavit and all documents which have been provided in support of this Application for Certification are true, accurate and complete, and include all material information necessary to evidence that the following firm is qualified for certification in accordance with the code of Ordinances:

[Print company's full name]

The undersigned understands and agrees that failure to submit the required documentation and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for rejection of this Application for certification.

It is recognized and acknowledged that the statements contained in this Application are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which were awarded as the result of information contained in this Application. The applicant further understands that false statements or material misrepresentations made may be grounds for initiating action under local, state, or federal laws which deals with fraud and perjury. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

Furthermore, the undersigned acknowledges that he or she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official or employee of the City for purpose of influencing the certification of an entity as a Small Business; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

The undersigned further acknowledges that certification is normally reviewed every three (3) years; however the City retains the right to re-evaluate the contents of the certification of this business at any time.

The undersigned gives permission to any person and or organization contacted by the City, for the purpose of verifying information contained in this Application, to divulge such information either orally or in writing.

Signature

Print Name

Title

Date

[If a corporation, please place Corporate Seal in this area]

STATE OF FLORIDA

[BROWARD COUNTY] SS:

Sworn to and subscribed before me this _____ day of _____, 20____, by

_____, an individual, who personally appeared by

physical presence or online notarization before me and who did not take an oath.

Personally Known OR Produced Identification

Type of Identification Produced: _____

(Print, type or stamp name) _____

Commission No. _____