



**Women/Minority Business Enterprise (W/MBE)  
Small Business Enterprise (SBE)  
Unified Application for **RECIPROCAL** Recertification Only**

1. Name of business: \_\_\_\_\_
2. d/b/a name (if applicable) \_\_\_\_\_
3. Federal ID. (FIN, FEIN) or Social Security Number (for sole proprietors) \_\_\_\_\_
4. Do you have a **current** DEMANDSTAR/City of Tampa subscription?     Yes\*     No\*\*  
 \***Attach a copy** of your Vendor Profile from Demandstar  
 \*\*If you are not subscribed, you will not receive notification of procurement/bid opportunities.
5. Business is a (check one below)  
 Sole-proprietorship     Partnership     Corporation     Limited Liability Co. (LLC)     Joint Venture
6. Mailing Address \_\_\_\_\_  
 (Street/P.O. Box) \_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_
7. Physical Address \_\_\_\_\_  
 (If different from above) (Street/P.O. Box) \_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_
8. County (Where main/corporate office is located): \_\_\_\_\_
9. Phone No.(s) (\_\_\_\_\_) \_\_\_\_\_ Fax No.(s) (\_\_\_\_\_) \_\_\_\_\_  
 Cell No. \_\_\_\_\_ Pager \_\_\_\_\_ Toll Free \_\_\_\_\_
10. E-Mail Address: \_\_\_\_\_ Website: www. \_\_\_\_\_
11. Number of Permanent employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Leased \_\_\_\_\_  
 (At time of application)
12. Have there been any changes in  
 (a) Ownership - [  ] NO [  ] YES (Describe below or attach explanation.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (b) Control/Management - [  ] NO [  ] YES (Describe below or attach explanation.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED DOCUMENTS TO SUBMIT WITH NOTARIZED APPLICATION:**

- a. Copy of WBE//MBE and/or SBE Recertification certificate from agency identified in the preceding renewal notice. (Must have expiration date later than expiration noted in preceding letter.)
- b. Copy of your DEMANDSTAR Vendor Profile

**(OVER)**

I, \_\_\_\_\_ (full name printed), swear and affirm that I am \_\_\_\_\_ (title) of the applicant firm \_\_\_\_\_ (firm name) 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 firm named herein, in the event the City of Tampa wishes to conduct such so as to verify any information provided to determine eligibility for recertification applied for.

\_\_\_\_\_  
Signature of Company's Authorized Representative

\_\_\_\_\_  
Date

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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

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

\_\_\_\_\_  
Notary Public Signature

NOTARY SEAL

\_\_\_\_\_  
(Print Name of Notary)

**CERTIFICATION IS ACCEPTED FROM THE FOLLOWING AGENCIES WITH QUALIFICATIONS AS NOTED BELOW:**

**Certifying Agency**

Hillsborough County  
Economic Development Department  
DM/DWBE & SBE Programs Section  
Tampa, FL – Phone. (813) 272-5969

**Accepted Certifications & Qualifications**

Minority/Women Business &  
Small Business Certifications are accepted

City of Orlando  
Minority and Women Business Enterprise  
Orlando, FL Phone - (407) 246-2810

Minority/Women Business Certification  
Owners must be permanent, lawful residents of the State of FL.  
Proof of Florida Residency may also be required.

Orange County (MBE Alliance)  
Business Development Department  
Orlando, FL Phone (407) 836-7317

Minority/Women Business Certification  
Owners must be permanent, lawful residents of the State of FL.  
Proof of Florida Residency may also be required.

WBENC (Women's Business Enterprise  
National Council)  
Florida Regional (Miami) Phone (305) 668-6747

Minority/Women Business Certification  
Owners must be permanent, lawful residents of the State of FL.  
Proof of Florida Residency may also be required.

**RETURN NOTARIZED APPLICATION  
AND REQUIRED DOCUMENTS TO:**

**Ardail S. Allen, CCA**

**City of Tampa, MBD Office  
306 E. Jackson St., 5 North  
Tampa, FL 33602**