

**AFFIDAVIT OF CERTIFICATION
OF NO EMPLOYEES OR EMPLOYEES' PAYROLL**

TO: City of Tampa
Minority Business Development
306 E Jackson St., 7E
Tampa, FL 33602

Under penalties of perjury and in compliance with the City of Tampa Small Business and Women, Minority Business Enterprise Rules and Regulations, I certify that I am self-employed and that I or my business (print name) _____, has (Check all that apply below. Do **not** include leased employees.)

(Name of Applicant Business)

- no permanent, full-time employees or employees' payroll at this time.
- ___ permanent, full-time employees; however, none currently receive regular wages at this time.

(Specify #)

I further certify that I or my business has not made or filed any report or document with any agency or office stating that I or my business has any permanent, full-time employees (e.g., Florida Employer's Quarterly Wage Report, etc.).

This Affidavit is issued to your office (in the absence of payroll) as verification that my business meets the employee limitation of twenty-five (25) or fewer permanent, full-time employees for SBE certification eligibility. I understand that my business must meet additional requirements before SBE certification is granted.

Further, I agree that, if certified, I will provide immediate written notification if at anytime during the certification period the number of permanent, full-time employees in my company exceeds twenty-five (25).

Date

Affiant's Signature

Print Name/Title

STATE OF: _____
COUNTY OF: _____

Sworn to and subscribed before me on this _____ day of _____,
20____ by _____ who is personally known to me or who has produced
_____ as identification.

Signature of Notary (seal)