



# Small Local Business Enterprise (SLBE) Women/Minority Business Enterprise (WMBE) Certification Application Affidavit

**PLEASE READ THE ELIBILITY & INSTRUCTION PACKAGE (pgs i –iv)  
BEFORE COMPLETING YOUR APPLICATION**

**Certification applies to:**

**Small Local Business Enterprise (SLBE) – Race and Gender Neutral**

A Small Business Enterprise is one that is independently owned; has 25 or fewer permanent, full-time employees, average gross revenues (for last 3 years) **not exceeding** \$2,000,000; is domiciled in the Tampa Market Area (Hillsborough, Pasco, Polk, Pinellas or Manatee County) and whose owner(s) is a permanent resident of the State of Florida.

**Women or Minority Business Enterprise (WMBE)**

A **Woman Business Enterprise (WBE)** is one that is at least 51% owned by a **Caucasian Female (CF)**, or Females, who also control and operate the business and are permanent residence of the State of Florida. The business must have a permanent, functioning office within the State of Florida and be lawfully licensed within the relevant jurisdiction.

A **Minority Business Enterprise (MBE)** is one that is at least 51% owned by **one** of the minority groups identified below who also control and operate the business is domiciled in the State of Florida. The business must have an office within the State of Florida be lawfully licensed within the relevant jurisdiction. Minority Classifications are:

- African American Female (**BF**)
- Asian American Female (**AAF**)
- Hispanic Female (**HF**)
- Native American Female (**NAF**)

- African American Male (**BM**)
- Asian American Male (**AAM**)
- Hispanic Male (**HM**)
- Native American Male (**NAM**)

**An SLBE or WMBE that has operated as such for one year is eligible to apply for certification.**

**NOTE: Publicly Traded Companies are not eligible for SBE/WMBE certification.**

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**Original, signed and notarized application is required** along with a copy of **all** the required documentation. Questions that do not apply so noted as such with a written explanation provided. For any requested document not available, an acceptable written explanation must be provided.

Applications submitted with missing documentation or incomplete applications will **NOT** be submitted for review.

**For questions relating to the application or application process please call**

**Ardail Allen at (813) 274-5542**

**or**

**MBD Office at 274-5522**

## APPLICATION INSTRUCTIONS

1. The application must be **completed in its entirety**. If a question does not apply, (e.g. the applicant business is a sole proprietorship) simply line through or write “N/A” on those items related to corporations, LLCs, etc.
2. **ALL APPLICANTS MUST REGISTER WITH DEMANDSTAR** (see page iii). For questions relating to the DEMANDSTAR Registration contact the City of Tampa Purchasing Department, at 274-8351.
3. If you started operations as a sole-proprietorship and later organized as something else (e.g., corporation, LLC, etc.) provide the month and year for each. (Question #5)
4. **All** owners must be identified along with race, gender and percentage of ownership and voting rights. Corporations must also identify shares of stock held by each owner. (Question #19)
5. The application must be signed and notarized.
6. The **ORIGINAL**, signed and notarized application must be submitted along with **COPIES** of the required documentation noted under DOCUMENTS TO SUBMIT pages.

Page 9	For Sole Proprietorships
Page 10	For LLC & Partnerships
Page 11	For Corporations & Joint Ventures
7. **Please do NOT bind the application and/or documents in any manner or form other than stapling, paper or binder clips.)**
8. The completed application and documents should be mailed to: **City of Tampa MBD Office  
306 E. Jackson St., 7E  
Tampa, FL 33602**
9. You will be notified within 30-days of receipt whether your application has been submitted for a detailed eligibility review. (Incomplete applications will not be submitted for review.) Applications that are not signed and notarized or where the majority of documents are missing and no explanation provided will be returned to the applicant.
10. If you have questions regarding the application or requested documentation, please call Ardail Allen at (813) 274-5542.
11. Allow 30-60 days for completion of the detailed eligibility review.
12. If you are WMBE and/or SBE certified with one of the approved certifying agencies identified on page 7 of the application, complete only questions 1 through 23 and fax with proof of certification (certificates and letters of certification) to (813) 274-5544. **SEE PAGE 7 FOR IMPORTANT NOTICE AND ACCEPTIONS BEFORE SUBMITTING.**

\*\*\*\*\*DEMANDSTAR\*\*\*\*\*

**ALL APPLICANTS MUST REGISTER WITH DEMANDSTAR**

City of Tampa SLBE/WMBE applicants **must register with ONVIA DEMANDSTAR** at [www.demandstar.com](http://www.demandstar.com) (or by calling 1-800-711-1712) in order to receive notification of bid opportunities.

Must have an active e-mail address registered with DEMANDSTAR to receive notifications. If you do not have an active e-mail account, log on to [www.hotmail.com](http://www.hotmail.com) or [www.gmail.com](http://www.gmail.com) to set one up for free prior to DEMANDSTAR registration and submission of the SLBE/WMBE application.

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**DEMANDSTAR SUBSCRIPTION INFORMATION IS AVAILABLE AT**

**[www.tampagov.net/mbd](http://www.tampagov.net/mbd)**

**Click on “DEMANDSTAR INFO” link  
(Immediately below “NEW APPLICANT” link)**

**This link provides the following information:**

- **subscription types/fees (if applicable)**
- **how/where to register**
- **how DEMANDSTAR works**

**All\* Subscriptions must be Renewed Annually**

**\*Includes Free Agency Subscriptions**

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**For questions or problems with DEMANDSTAR registration:**

**Send email to [joe.benjamin@tampagov.net](mailto:joe.benjamin@tampagov.net)**



**Small Local Business Enterprise (SLBE)  
Women and Minority Business Enterprise (WMBE)**

\*\*\*\*\***IMPORTANT NOTICE**\*\*\*\*\*

**COLLECTION OF SOCIAL SECURITY NUMBERS**

Tampa Minority Business Development Office

In the event your business has not applied for or been assigned an Employer Identification Number (EIN), you will be required to provide the owner/proprietor's Social Security Number in the attached SLBE-WMBE Certification/Recertification Application.

The EIN or SSN is utilized as a unique number for business identification and verification, accounting and payment tracking. Additionally, it allows coordination of information between the City's procurement and accounting systems and the Minority Business Development Office database of certified businesses.

In accordance with Florida Statutes Section 119.071(5) Social Security Numbers collected by the Minority Business Development Office will not be utilized for any purpose other than those stated herein.



14. Has your company ever been certified as a Women/Minority or Small Business?  
 Yes     No    If yes, specify the following:

Type of Certification	Certifying Agency	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Has your company ever been denied certification as a Women/Minority or Small Business?  
 Yes     No    If yes, specify the following:

Type Applied for	Reviewing Agency	Reason for Denial
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. **Describe all products/services provided by the applicant business.** (Include NIGP code(s) from DEMANDSTAR registration, if available. Attach additional sheet if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Are all owners of applicant firm U.S. Citizens?     YES     NO (not U.S. Citizens)  
 If No. provide name(s) \_\_\_\_\_  
 \_\_\_\_\_

18. For Corporations: Specify total number of shares authorized to be issued and outstanding (per articles).  
 Common \_\_\_\_\_ Preferred \_\_\_\_\_ Other (specify) \_\_\_\_\_

19. Complete the following for **owner** (sole proprietor), stockholders (corporations) or members (LLCs).

Name of Owner	Race	Sex	% Owned	Voting %	For Corporations ONLY	
					# Shares Owned &	Type Shares
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
(Use additional page if needed)					Total Shares Issued & Outstanding: _____	

20. For Corporations/LLCs: Amount paid by shareholders/members for shares/membership.

Shareholder/Member Name	Cash Paid	Outstanding Loans	Date of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. If any owner of the application firm has ownership interest in another firm, please indicate:

Name of Owner	Name of Business/Percentage of Interest	Relationship to Applicant Business
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Name of Company Officers are: (If applicable)

	<u>Name</u>	<u>Date Elected</u>
PRESIDENT/CEO	_____	_____
VICE PRESIDENT	_____	_____
SECRETARY	_____	_____
TREASURER	_____	_____
OTHER _____ (Specify)	_____	_____

23. For Corporations: Identify current Board of Directors:

<u>Name</u>	<u>Ethnicity</u>	<u>Gender</u>	<u>Date of Election</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. For Corporations: Identify prior Board of Directors (if different from above). \_\_\_\_\_ N/A Same as above

<u>Name</u>	<u>Ethnicity</u>	<u>Gender</u>	<u>Date of Election</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. For LLC's only: If managed by Managers, provide the following:

<u>Manager Name</u>	<u>Ethnicity</u>	<u>Gender</u>	<u>Voting Percentage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. List all sources, amounts and purpose of loans to the firm, including name of person(s)/firm(s) securing loan.

Source: \_\_\_\_\_  
 Secured by: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Balance: \_\_\_\_\_ Purpose: \_\_\_\_\_

Source: \_\_\_\_\_  
 Secured by: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Balance: \_\_\_\_\_ Purpose: \_\_\_\_\_

28. Identify your firm's management personnel who control your firm in the following areas:

(a) Financial Decisions (responsible for acquisition of lines of credit, surety bonding, supplies, etc.)

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Estimating and Bidding:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(c) Negotiating and Contract Execution:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(d) Hiring/firing of management/supervisory personnel:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Field/Production Operations Supervisor(s):

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(f) Marketing/Sales:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(g) Purchasing major equipment:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(h) Authorized to sign company checks (for any purpose); **Number of Signatures required: \_\_\_\_\_**

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____

Identify any signing limitations for each individual identified in (e.g., check amount, 2<sup>nd</sup> signature required, etc.) \_\_\_\_\_

\_\_\_\_\_

28. (i) Authorized to make financial transactions

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(j) Office management

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Do any of the people listed in 28 (a-j) perform management or supervisory functions for any other business?  Yes  No

If yes, identify for each: Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_  
 Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_  
 Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_ Title: \_\_\_\_\_

30. Do any of the persons listed in 28 (a-j) own or work for any other firm that has a relationship with applicant firm (e.g., ownership interest, shared office space, investments, equipment, leases, personnel sharing, etc.)?  Yes  No

If yes, identify: Person: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Person: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

31. Does the applicant firm receive assistance from another business (including prime/sub-contractors, suppliers, leasing company, etc.) for any of the following?

	YES	NO	PROVIDE DETAILS
Supervision at Job Site	_____	_____	_____
Bonding/Insurance	_____	_____	_____
Hiring/Firing	_____	_____	_____
Personnel/Manpower	_____	_____	_____
Purchasing Supplies/Materials	_____	_____	_____
Payroll/Worker's Comp.	_____	_____	_____
Bookkeeping/Admin Services	_____	_____	_____

32. Percentage of work to be performed by your own work force on projects/contracts: \_\_\_\_\_%  
 For projects/contracts awarded to applicant firm, identify those trades, services, etc. that are generally subcontracted to another firm/individual: \_\_\_\_\_  
 \_\_\_\_\_

33. Is the applicant business bonded? [ ] No [ ] Yes, Bonding Limit \$ \_\_\_\_\_  
 If yes, specify Bonding Company/Agent: \_\_\_\_\_

34. Identify business's banking institution: \_\_\_\_\_

35. List all current licenses/permits held by any owner and/or employee of the business.

<u>Name of license/permit holder</u>	<u>Type of License</u>	<u>License #, State or County</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

36. List the 3 largest projects/contracts completed (or sales made) by applicant firm in the past 3 years:

<u>Prime Contractor Name</u>	<u>Location</u>	<u>Work Performed</u>	<u>Value of Contract</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

37. List 3 active jobs/projects the applicant firm is currently working on: If none, initial here \_\_\_\_\_.

<u>Prime Contractor Name</u>	<u>Location</u>	<u>Work Performed</u>	<u>Value of Contract</u>
_____	_____	_____	_____
Started ____/____/____	Anticipated Completion ____/____/____		
_____	_____	_____	_____
Started ____/____/____	Anticipated Completion ____/____/____		
_____	_____	_____	_____
Started ____/____/____	Anticipated Completion ____/____/____		

38. Identify prior and current company clients (attach separate list if necessary):

<u>Client Name</u>	<u>Contact</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

39. Specify gross receipts for last 3 yrs (below) (current year-to-date) \$ \_\_\_\_\_ Y-T-D

Yr End \_\_\_\_\_ \$ \_\_\_\_\_  
 Yr End \_\_\_\_\_ \$ \_\_\_\_\_  
 Yr End \_\_\_\_\_ \$ \_\_\_\_\_

40. Identify any stock options or other ownership options that are outstanding and any loans between the owners or between owner and third parties relevant to the business entity. If any, check below & attach)

**Attached.** (If none affirm the following statement by signing in the space provided.)

“I affirm that there are no stock options or other ownership options currently outstanding, nor any loans between owners or between owners and third parties relevant to the firm which I represent and for which I make this SLBE/WMBE application.”

\_\_\_\_\_  
Affirming Signature

41. All oral and tacit agreements shall be reduced to writing and submitted with this affidavit. Such agreements may include, but are not limited to the ownership of voting securities, buy-out rights agreements affecting voting rights of shareholders, loan agreements, equipment rental, management services agreements, etc.

**Attached.** (If none, affirm the following statement by signing in the space provided.)

“There are no written, oral or tacit agreements concerning the operation of the company between any persons associated with the company.”

\_\_\_\_\_  
Affirming Signature

42. **Sign and notarized** this application. **Submit with all required documentation** as requested in the DOCUMENTS TO SUBMIT : (Sole Proprietorships-Pg 9; LLCs & Partnerships-Pg 10; Corporations & Joint Ventures-Pg 11) and other documentation/information requested in the afore application.

**IMPORTANT NOTE:**

**If you are certified with one of the agencies identified below, you may provide proof of certification in lieu of the Documents to Submit.**

**It is important to note, however, that only Hillsborough County certifies both SBE and WMBE. Accordingly, if you are seeking both certifications, and are not certified as a WMBE AND SBE with Hillsborough County, you will still need to submit the required documentation.**

**ACCEPTED CERTIFICATIONS (NO OTHER CERTIFICATIONS ARE ACCEPTED)**

Hillsborough County  
Economic Development Department  
DM/DWBE & SBE Programs Section  
Tampa, FL  
(813) 272-5969  
**WMBE and SBE Accepted**

City of Orlando\*  
Minority and Women Business Enterprise  
Orlando, FL  
(407) 246-2810  
**WMBE Only Accepted**

Orange County (MBE Alliance)\*  
Business Development Department  
Orlando, FL  
(407) 836-7317  
**WMBE Only Accepted**

WBENC\*  
Women’s Business Enterprise National Council  
Florida Regional (Miami)  
(305) 668-6747

**\*Business must have Florida Office & Owner(s) must be permanent, legal resident(s) of Florida. Proof of Residency and Florida business location is required.**



# DOCUMENTATION TO SUBMIT WITH SLBE/WMBE APPLICATION

## **SOLE PROPRIETORSHIPS** - Must submit copy of the following:

- \*License(s) to do business in Florida (Business tax/Occupational, professional, trade/permit, specialty, etc)
- \*Florida Fictitious Name Registration (not required if business name includes owner's **FIRST & LAST** name)
- \*Proof of Female or Minority Status for **all** owners/stockholders/members (**FOR WMBE APPLICANTS ONLY**)  
(Note: for female and African American, enlarged, clear and legible copy of Florida Driver's license is sufficient. Other must provide birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2<sup>nd</sup> or 3<sup>rd</sup> generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)
- \*Proof of Florida Residency for all owners (Voter's I.D. or Property Tax Exemption Certificate)
- \*Resume of principal owners & manager(s) showing education/training and experience/employment history
- Most recent financial statement of business net worth and annual financial statement of income
- \*Employer's Quarterly Wage report for last two quarters **or** recent payroll for permanent, F-T employees (include owners/officers). If none, complete "Affidavit of No Employees" available at [www.tampagov.net/mbd](http://www.tampagov.net/mbd).
- \*Last 3 year's personal federal tax returns **including all schedules and attachments** (If less than 3 years in business, provide returns for year(s) filed. If an extension has been filed for the most recent tax year due, provide a copy of the extension request.)
- Third party agreements (e.g., rental or management service agreements, etc)

### **\*REQUIRED DOCUMENTS – THESE ITEMS MUST BE SUBMITTED**

**For all other items, if not available, provide a written explanation.**

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LIMITED LIABILITY COMPANIES (LLC) & PARTNERSHIPS .....	SEE PAGE 10
CORPORATIONS & JOINT VENTURES .....	SEE PAGE 11

**LLCs and PARTNERSHIPS– Must submit a copy of:**

\*License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, etc)

Certificates of Membership (if issued)

\*Proof of Membership or Partnership Investments (canceled check, purchase agreement, etc.)

\*Proof of Female or Minority Status for **all** owners/stockholders/members **(FOR WMBE APPLICANTS ONLY)**  
(Note: for female and African American, enlarged, clear and legible copy of Florida Driver’s license is sufficient. Other must provide birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2<sup>nd</sup> or 3<sup>rd</sup> generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)

\*Proof of Florida Residency for all owners (Voter’s I.D. or Property Tax Exemption Certificate)

\*Resume of principal owners & manager(s) showing education/training and experience/employment history

\*Articles of Organization (LLC)

\*Operating Agreement (LLC)<sup>(1)</sup> or \*Partnership/Profit Sharing Agreement  
<sup>(1)</sup>Not required if LLC has only one member/manager

Minutes of Organizational meeting (if held)

\*Most recent Annual Report filed with the State of Florida

Most recent financial statement of business net worth and **annual** financial statement of income

\*Last 3 year’s federal tax returns for the business including all schedules and attachments (If you have not been in business for 3 years, provide taxes for year(s) filed. If an extension has been requested for most recent filing year, provide copy of extension request.)

\*Employer’s Quarterly Wage report for last two quarters **or** recent payroll for permanent, F-T employees (include owners/officers). If none, complete “Affidavit of No Employees” available at [www.tampagov.net/mbd](http://www.tampagov.net/mbd).

Third party agreements (e.g., lease, management service, franchise agreement, etc)

**\*REQUIRED DOCUMENTS – THESE ITEMS MUST BE SUBMITTED**

**For all other items, if not available, provide a written explanation.**

**CORPORATIONS/JOINT VENTURES– Must submit a copy of:**

\*License(s) to do business in Florida (Business tax/Occupational, professional, trade/permit, specialty, etc)

\***All** issued stock certificates (Corp) (front/back) **include canceled/voided certificates.**

Stock Ledger (if kept)

\*Proof of Stock Purchase/Capital Investment (canceled check, purchase agreement, etc.)

\*Proof of Female/Minority Status for **all** owners/stockholders/members (**FOR WMBE APPLICANTS ONLY**) (Note: for female and African American, enlarged, clear and legible copy of Florida Driver’s license is sufficient. Other must provide birth certificate(s) or other legal document (e.g., passport, certificate of naturalization, etc) that identifies ethnicity and/or place of birth. If the minority(s) is a 2<sup>nd</sup> or 3<sup>rd</sup> generation American, proof of lineage must be provided via above documentation for at least one parent and, if applicable, grandparent)

\*Proof of Florida Residency for all owners (Voter’s I.D. or Property Tax Exemption Certificate)

\*Resume of principal owners & manager(s) showing education/training and experience/employment history

\*Most recent Annual Report filed with the State of Florida (Actual Report – Not Certificate of Status)

\*Articles of Incorporation and, if any, all Amendments

Corporate Bylaws (if adopted)

Minutes of Organizational meeting of Shareholders and Board of Directors (if held)

Most recent financial statement of business net worth and **annual** financial statement of income

\*Employer’s Quarterly Wage report for last two quarters **or** recent payroll for permanent, F-T employees (include owners/officers). If none, complete “Affidavit of No Employees” available at [www.tampagov.net/mbd](http://www.tampagov.net/mbd).

\*Last 3 year’s federal tax returns for the business including all schedules and attachments - (If you have not been in business for 3 years, provide taxes for years filed. If an extension has been requested for most recent filing year, provide copy of extension request.)

Third party agreements (e.g., lease, management service, franchise agreement, etc)

**\*REQUIRED DOCUMENTS – THESE ITEMS MUST BE SUBMITTED**

**For all other items, if not available, provide a written explanation.**