Women/Minority Business Enterprise (WMBE)
Small Business Enterprise (SBE)
UNIFIED RECERTIFICATION APPLICATION

1. Name of Applicant Business _____

2. d/b/a name (if applicable) _____

3. Federal ID (FIN, FEIN) or Social Security Number (for sole proprietor) _____

4. DemandStar Vendor Registration Number _____

5. Business is a (Check one below)

__Sole Proprietor __Partnership __Corporation __Limited Liability Co. (LLC) __Joint Venture

6. Mailing Address _____
(STREET/P.O. BOX) (SUITE #) (CITY/STATE/ZIP)

7. Physical Address_____
(If different from above) (STREET) (SUITE #) (CITY/STATE/ZIP)

8. County (Where main/corporate office is located): _____

9. Phone (____) _____ Fax (____) _____

Cell (____) _____ Pager _____ Toll Free (____) _____

10. E-mail: _____ Website: www._____

11. Number of permanent employees: Full-time _____ Part-time_____ Leased _____

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.)

_____

_____

_____

(c) Services/Products provided - [ ] NO [ ] Yes (Describe below or attach explanation.)

_____

_____

_____

13. Submit completed and notarized renewal application with a copy of the following:

____All current licenses/permits
(Include occupational/trade/competency licenses, permits, fictitious name registration, etc., required to do business in Florida.)
____Most recent financial statement of net work and annual financial statement (Revenues/Expenditures)
____Last 2 years annual Federal tax return for the business[(1)] including all schedules and attachments
[(1)]Sole proprietors should submit personal federal tax returns with all schedules and attachments
____Last payroll for all permanent, full-time employees and owners, officers/managers
(Should include job titles and dates of employment)
____Most recent Uniform Business Report filed with State of Florida (for LLCs, Corporations, etc., only)

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

_____
(Print Name of Notary)

NOTARY SEAL ABOVE

RETURN COMPLETED APPLICATION
AND DOCUMENTS TO: ATTN: Bonny B. Cropper, CCA
Certification Coordinator
City of Tampa, MBD Office
306 E. Jackson St., 7 E
Tampa, FL 33602