Instructions For:
Tampa-Hillsborough Unified Application
Minority and Small (Local) Business Enterprise Certification/Registration

Hillsborough County and the City of Tampa have partnered to provide a unified Minority, Woman and Small (Local) Business Enterprise Certification and Registration Application.

1. **PLEASE READ THE INSTRUCTIONS AND ELIGIBILITY CRITERIA GUIDELINES AND DEFINITIONS ON THE NEXT PAGE BEFORE COMPLETING THE APPLICATION.**

2. **ALL APPLICANTS MUST REGISTER WITH ONVIA DEMANDSTAR ANNUALLY at** [www.demandstar.com](http://www.demandstar.com) **or by calling (800) 711-1712. The basic subscription is FREE. For questions relating to DEMANDSTAR registration contact the City of Tampa Purchasing Department, at (813) 274-8351 or Hillsborough County Procurement Department at (813) 272-5790.**

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 #14 on the application)

4. The original signed and notarized application must be submitted along with copies of the required documentation noted under “DOCUMENTATION TO SUBMIT WITH APPLICATION” on pages 3, 4 and 5. If you submit your application online (see #9 below) you may scan and upload the required documentation. Further instructions are provided online for this option.

   Page 3 - For Sole Proprietorships      Page 4 - For Corporations & Joint Ventures      Page 5 - For LLC & Partnerships

5. Please do not bind the application and/or documents in any manner or form other than stapling, paper clips or binder clips.)

6. If you submit your application to Hillsborough County, and you have questions regarding the application, requested documentation or processing status, please call **Rita Sauri (813) 914-4009, or Ardail Allen (813) 274-5522 if you submit it to City of Tampa. FOR ALL WHO COMPLETE THIS APPLICATION: Please be advised that all businesses must have a Florida office. Those not in compliance with this provision are not eligible for certification.**

7. **WBE/MBE ONLY option:** If you’re certain you only qualify as a WBE or MBE as defined on the next page but not as an DM/DWBE, SLBE or SBE, AND you desire to take advantage of one of your current certification with one of our Approved Agencies, the City of Tampa accepts women and minority business certificates and letters of certification from the agencies listed below. Complete and submit questions 1 through 31 (first 3 pages) and the signed notary page from the application along with the agency’s letter or certificate.

   **APPROVED AGENCIES**

   City of Orlando, FL        Orange County, FL (MBE Alliance)
   Women’s Business Enterprise National Council (WBENC – Florida Chapter only)

8. **SBE ONLY option:** If you’re certain you do not qualify as a Minority or Woman Business Enterprise as defined on the next page but only qualify for the SBE program, submit questions 1 – 31 (first 3 pages) and the signed notary page from the application. Then see pages 3-5 of these instructions for the checklist of additional documents. Choosing this option automatically grants SLBE status.

9. Complete your application online by going to: [https://pro.prismcompliance.com](https://pro.prismcompliance.com) or return completed application and documents to:

   **Hillssborough County**
   Small Minority Business Development Office
   Attention: Certification Services
   7402 N. 56TH St, Building 400, Suite 425
   Tampa, Florida 33617
   Phone: (813) 914-4028

   **City of Tampa**
   Minority and Small Business Development Office
   Attention: Certification Services
   306 E. Jackson St., 5N
   Tampa, Florida 33602
   (813) 274-5522

10. You will be notified within 30 days of receipt whether your application has been submitted for a detailed eligibility review and whether it is complete or needs additional information. Applications that are not signed and notarized or where the majority of documents are missing and no explanation provided are subject to being returned to the applicant.

11. This application must be completed in its entirety. If a question does not apply, (e.g. the applicant’s business is a sole proprietorship) simply line through or write “N/A” on those items related to corporations, LLCs, etc.
ELIGIBILITY CRITERIA AND DEFINITIONS

Please read carefully BEFORE completing the application.

Mark each box to apply for any of the five certifications/registrations you qualify for to maximize your business opportunities. Your application will be reviewed by City of Tampa (for SLBE, WBE and MBE) and Hillsborough County (for SBE and DM/DWBE) independently. Each agency will inform you of the outcome of its respective eligibility review.

You must submit this page with your application as well as the appropriate “DOCUMENTATION TO SUBMIT WITH APPLICATION” page below.

☐ Small Local Business Enterprise (SLBE) is one that is independently owned; has 25 or fewer permanent full-time employees, average gross revenues for the last three 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. Race and Gender Neutral

☐ Small Business Enterprise (SBE) is a business which annual gross sales in professional consulting and contractual services average over the previous three year period cannot exceed $2,000,000; in commodities the annual gross sales averaged over the previous three years period cannot exceed $2,000,000; and, in construction the annual gross sales average over the previous three years cannot exceed $2,000,000. Each business must be an independently owned and operated small business which employs twenty-five or fewer permanent full-time employees. The business must be domiciled in Hillsborough County. The business must have been established for a period of one year prior the application, and must serve a commercially useful function. Race and Gender Neutral

☐ 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 residents 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.

☐ 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 and are permanent residents 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.

☐ Disadvantaged Minority/Disadvantaged Women Business Enterprise (DM/DWBE) is a business which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51 percent owned by minority person(s) and/or women whose management and daily operations are controlled by such persons; which fulfills a commercially useful business function; and, which employs 50 or fewer permanent full-time employees average over a two year period; and that has a net worth of not more than $1,000,000. As applied to sole proprietorships, the $1,000,000 net worth requirement shall include both personal and business assets.

Minority classifications are:
- African American - a person (male or female) having origins in any of the indigenous racial groups of Africa.
- Hispanic American - a person (male or female) of Spanish or Portuguese heritage with origins in Spain, Portugal, Mexico, South America, Central America or the Caribbean Islands, regardless of race.
- Asian American - a person (male or female) having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or Pacific Islands including the Hawaiian Islands prior to 1778.
- Native American - a person (male or female) who has origins in any of the Indian Tribes of North America prior to 1835
- Woman – Caucasian Female

Length Of Time In Business Requirement:
An SLBE, MBE, WBE, SBE that has operated as such for ONE YEAR is eligible to apply for certification/registration. The one year does not apply for DM/DWBE certification eligibility.

Note: If you qualify for SBE, you automatically qualify for SLBE, but not necessarily vice-versa unless the business is domiciled in Hillsborough County.
**DOCUMENTATION TO SUBMIT WITH APPLICATION**

**SOLE PROPRIETORSHIP** – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting. For all other items, if not available, provide a written explanation

______ * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, 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 DM/DWBE, MBE AND WMBE APPLICANTS ONLY**). (Note: for female and African American, a clear and legible copy of Florida Driver’s license is sufficient. Others must provide a 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 2nd or 3rd 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)

______ * Complete current resume showing education, training and employment experience with dates

______ Most recent financial statement of business net worth, balance sheet and annual financial statement of income

______ * Employer’s Quarterly Wage report for last two quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete “Affidavit of No Employees” available at [www.tampagov.net/mbd](http://www.tampagov.net/mbd). (This link is found at the bottom right margin of the web page)

______ * Last 3 year’s personal federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years 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).

______ * My business is principally domiciled in Hillsborough County; I’ve included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.

______ Screen shot showing DemandStar registration with City of Tampa and Hillsborough County (must log in first)

* **ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION** (As explained in #8, page 1 of these instructions), **YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS**
CORPORATION/JOINT VENTURE – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting.
For all other items, if not available, provide a written explanation

____ * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, 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 or Minority status for all owners/stockholders/members (FOR DM/DWBE, MBE AND WMBE APPLICANTS ONLY). (Note: for female and African American, clear and legible copy of Florida Driver’s license is sufficient. Others 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 2nd or 3rd 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)

____ * Complete current resume showing education, training and employment experience with dates

____ 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

____ Minutes of Organizational meeting of Shareholders and Board of Directors

____ Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant or business owned financial software.

____ * Employer’s Quarterly Wage report for last eight quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete “Affidavit of No Employees” available at www.tampagov.net/mbd. (This link is found at the bottom right margin)

____ * Last 3 year’s business federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years 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).

____ * My business is principally domiciled in Hillsborough County; I’ve included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.

____ Screen shot showing DemandStar registration with City of Tampa and Hillsborough County (must log in first)

* ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION (As explained in #8, page 1 of these instructions), YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS
LLCs and PARTNERSHIPS – Must submit copy of the following:

Use this sheet as a checklist and check off each item you are submitting. For all other items, if not available, provide a written explanation.

____  * License(s) to do business in Florida (Business Tax/Occupational, professional, trade/permit, specialty, DBPR, 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 DM/DWBE, MBE AND WMBE APPLICANTS ONLY). (Note: for female and African American, clear and legible copy of Florida Driver’s license is sufficient. Others 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 2nd or 3rd 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)

____  * Complete current resume showing education, training and employment experience with dates

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

____  Articles of Organization (LLC)

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

____  Minutes of Organizational Meeting

____  Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant or business owned financial software.

____  * Employer’s Quarterly Wage report for last eight quarters or recent payroll for permanent, full-time employees (include owners and officers). If none, complete “Affidavit of No Employees” available at www.tampagov.net/mbd. (This link is found at the bottom right margin)

____  * Last 3 year’s business federal tax returns including all schedules and attachments (If less than 3 years in business, provide returns for years filed. If an extension has been 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).

____  * My business is principally domiciled in Hillsborough County: I’ve included proof (i.e., utility bill, lease/rental agreement, property tax receipt, etc.) If not applicable, write N/A.

____  Screen shot showing DemandStar registration with City of Tampa and Hillsborough County (must log in first)

* ALTHOUGH EVERYONE SUBMITS THESE ITEMS, IF YOU ARE CHOOSING THE SBE ONLY OPTION (As explained in #8, page 1 of these instructions), YOU ARE REQUIRED TO SUBMIT ONLY THESE ITEMS
Please note: Not submitting ALL appropriate documents with this application may result in your file being delayed and ultimately closed. To avoid this, be sure and include the following pages FROM THE PREVIOUS INSTRUCTIONS SECTION with this application:

1. Instructions Page 2 (completed)

2. Instructions Page either 3,4 or 5 (completed) depending the legal structure of your business -
   • If you are a Sole Proprietor - submit page 3
   • If you are a Corporation/Joint Venture – submit page 4
   • If you are an LLC/Partnership – submit page 5

*Also send a screen shot showing DemandStar registration with City of Tampa and Hillsborough County (must log in first)
Each DM/DWBE and/or SBE, SLBE/WMBE, applicant is required to provide certain relevant information in order to evaluate the legitimacy of said applicant prior to certification/registration. This information must include, but is not limited to, the information requested on this form.

IMPORTANT: Read the instructions, eligibility criteria, program description and procedures before you start this application.

Your application will be processed for all the programs: Minority/Woman Owned, Small Business or both.

1. Identify Ethnicity of Majority Stockholder(s) (51% or more)
   - African American
   - Asian American
   - Native American
   - Hispanic
   - Caucasian
   - Other (Please identify)_______________

2. Identify Gender of Majority Stockholder(s) (51% or more)
   - Female
   - Male

3. Name of Applicant Business __________________________________________

4. d/b/a name (if applicable) ____________________________________________

5. Owner’s Name ________________________________________________________
   Phone (____) ____________________________

6. Federal ID (FIN, FEIN) or Social Security number (for sole proprietor)

7. DemandStar Vendor Registration Number (REQUIRED, see #2 of the instructions).

8. Mailing Address (Street/P.O. Box)                                      (Suite#)                        (City/State/Zip)

9. Physical Address (If is different from above)                         (Suite#)                        (City/State/Zip)

10. Phone (____) ___________________  Fax (____) _____________________________  Cell (____) ________________________

11. Identify County ____________________________________ and State ___________________ where business is headquartered.

12. E-mail: __________________________________________   Website: www.________________________

13. Do you accept Credit Cards:  Yes____    No____    Type:______________________________

14. Business start date __________________________ Legal Structure: ___ Sole Proprietor ___ Partnership ___ C Corporation
    ___ S Corporation ___ Limited Liability Company (LLC) ___ Joint Venture     Franchise ___ Yes ___ No

See pages 3 – 5 of the instructions for detailed checklist of documentation needed for the above structures

15. Number of Permanent employees: Full-time_____ Part-time_____ Leased_____| Temporary:_____ (#Other):____

16. Describe all products/services for which certification is sought

Tampa-Hillsborough Unified Certification/Registration Application - July 2012
17. List NIGP code(s) from DEMANDSTAR registration. (Attach additional sheet if necessary.)


18. Identify all owners by name(s) of individuals (sole proprietor), stockholders (corporations) or members (LLCs):

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>Race</th>
<th>Sex</th>
<th>% Owned</th>
<th>Voting %</th>
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(Use additional page if needed)

For Corporations ONLY

<table>
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<tr>
<th># Shares Owned</th>
<th>Preferred</th>
<th>Common</th>
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Total Shares Issued & Outstanding: ______________________

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

<table>
<thead>
<tr>
<th>Shareholder/Member Name</th>
<th>Cash Paid</th>
<th>Outstanding Loans</th>
<th>Date of Ownership</th>
</tr>
</thead>
<tbody>
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20. If any owner of the applicant business also has an ownership interest in another business, operates or is employed by any other business, please indicate:

<table>
<thead>
<tr>
<th>Name of owner</th>
<th>Name of other business</th>
<th>Relation to applicant business</th>
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<tbody>
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21. If your business is owned in full or part by a business listed in item 18, list on separate sheet that business’s shareholders to include percentage of ownership interest and the name and address of directors and officers.

22. Is applicant business a franchise, subsidiary or affiliate of another business: Yes______ No______

23. Are all owners of applicant business U.S. Citizens? ____Yes ____No (not U.S. Citizens) If No. provide names(s)


24. Are all owners/stockholders permanent, lawful residents of the State of Florida?   Yes______ No______

25. Specify the annual gross receipts (sales) of the business and net worth for the past three years.

a) Year Ending ____________ Total Receipts $__________ Net Worth ____________

b) Year Ending ____________ Total Receipts $__________ Net Worth ____________

c) Year Ending ____________ Total Receipts $__________ Net Worth ____________
26. Has your business ever been certified as a Women/Minority or Small Business?  
   [ ] Yes  [ ] No
   If yes, specify the following:
   
   Type of Certification  Certifying Agency  Expiration Date
   ______________________  ______________________  ______________________
   ______________________  ______________________  ______________________
   ______________________  ______________________  ______________________

27. Has your business ever had certification denied or revoked as a Women, Minority or Small Business?  
   [ ] Yes  [ ] No
   If yes, specify the following:
   
   Type Applied for  Reviewing Agency  Reason for Denial
   ______________________  ______________________  ______________________
   ______________________  ______________________  ______________________
   ______________________  ______________________  ______________________

28. Provide the name of all officers of the business, the date elected and state his/her current employment if with another employer.

   President: ______________________ Date Elected:  _______________  Employed By: ________________________________
   Vice Pres: ______________________ Date Elected:  _______________  Employed By: ________________________________
   Secretary: ______________________ Date Elected:  _______________  Employed By: ________________________________
   Treasurer: ______________________ Date Elected:  _______________  Employed By: ________________________________

   (Attach additional sheets if necessary.)

29. For Corporations: Identify current Board of Directors:

   Name  Ethnicity  Gender  Date of Election
   ___________________________________________________  ________   ______ _____________________________
   ___________________________________________________  ________   ______ _____________________________
   ___________________________________________________  ________   ______ _____________________________
   ___________________________________________________  ________   ______ _____________________________
   ___________________________________________________  ________   ______ _____________________________

30. For Corporations: Identify prior Board of Directors (if different from above).

   Name  Ethnicity  Gender  Date of Election
   ____________________________________________________  ________   ______       ______________________________
   ____________________________________________________  ________   ______       ______________________________
   ____________________________________________________  ________   ______       ______________________________
   ____________________________________________________  ________   ______       ______________________________
   ____________________________________________________  ________   ______       ______________________________

31. For LLCs only: If managed by Managers, provide the following:

   Manager Name  Ethnicity  Gender  Date of Election
   _______________________________________________________  ________   ______       ______________________________
   _______________________________________________________  ________   ______       ______________________________
   _______________________________________________________  ________   ______       ______________________________
   _______________________________________________________  ________   ______       ______________________________
   _______________________________________________________  ________   ______       ______________________________
   _______________________________________________________  ________   ______       ______________________________
32. List all sources, amounts and purpose of loans to the business, including name of person(s)/business(s) securing loan.

Source: _______________________________________________________________________
Secured by: _______________________________________________________________________
Amount: ______________________ Balance: ___________________ Purpose: ________________________

Source: _______________________________________________________________________
Secured by: _______________________________________________________________________
Amount: ______________________ Balance: ___________________ Purpose: ________________________

33. Identify your business’s management personnel who control your business in the following areas:
   a. Financial Decisions (responsible for acquisitions of lines of credit, surety bonding, supplies, etc)
      Name            Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   b. Estimating and Bidding:
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   c. Negotiating and Contract Execution:
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   d. Hiring/firing of management/supervisory personnel:
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   e. Field/Production Operations Supervisor(s):
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   f. Marketing/Sales:
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   g. Purchasing Major Equipment
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________
   h. Authorized to sign business checks (for any purpose);  Number of Signatures required: _____________
      Name                Title            Ethnicity      Gender
      ___________________________     ___________________________     __________     ____________
      ___________________________     ___________________________     __________     ____________

Identify any signing limitations for each individual identified in (e.g., check amount, 2nd signature required, etc.)
__________________________________________________________________________________
__________________________________________________________________________________
i. Authorized to make financial transactions
Name: ___________________________ Title: ___________________________ Ethnicity: ________ Gender: _________
___________________________________________ ___________________________ __________     ____________
___________________________________________ ___________________________ __________     ____________

j. Office management
Name: ___________________________ Title: ___________________________ Ethnicity: ________ Gender: _________
___________________________________________ ___________________________ __________     ____________
___________________________________________ ___________________________ __________     ____________

34. Do any of the people listed in 34 (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: __________________________________________

35. Percentage of work to be performed by your own work force on project/contracts: _________ %
For projects/contracts awarded to applicant business, identify those trades, services, etc. that are generally subcontracted to another business/individual: _____________________________________________________________________________________
________________________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Assistance</th>
<th>YES</th>
<th>NO</th>
<th>PROVIDE DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision at Job Site</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bonding/Insurance</td>
<td></td>
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<tr>
<td>Hiring/Firing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Personnel/Manpower</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Purchasing Supplies/Materials</td>
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<td></td>
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<tr>
<td>Payroll/Worker’s Comp.</td>
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<tr>
<td>Bookkeeping/Admin Services</td>
<td></td>
<td></td>
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<tr>
<td>Shared Office Space</td>
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<td></td>
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<tr>
<td>Shared Equipment</td>
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</tbody>
</table>

37. Is the applicant business bonded? [ ] Yes [ ] No
Bonding Limit? ______________________________
If yes, specify Bonding Business/Agent: ______________________________________________________________
Identify business’s banking institution: ______________________________________________________________
Source of line of credit: _________________________________________________________________________
Who negotiates surety bonds, insurance and contract matters? __________________________________________________________________________________
________________________________________________________________________________________________________

38. List all current licenses/permits held by any owner and/or employee of the business.
Name of license/permit holder: ___________________________ Type of License: ___________________________ License #, State or County: ___________________________ Expiration Date: ___________________________
___________________________________________ ____________________ __________________________ _____________
___________________________________________ ____________________ __________________________ _____________
___________________________________________ ____________________ __________________________ _____________

39. List the 3 largest projects/contracts completed (or sales made) by applicant business in the past 3 years:
Prime Contractor Name: ___________________________ Location: ___________________________ Work Performed: ___________________________ Value of Contract: ___________________________
___________________________________________ ____________________ __________________________ _ _____________
___________________________________________ ____________________ __________________________ _ _____________
___________________________________________ ____________________ __________________________ _ _____________
40. Identify prior and current jobs/projects the applicant business has performed on: If none, initial here ______________

<table>
<thead>
<tr>
<th>Prime Contractor Name</th>
<th>Location</th>
<th>Work Performed</th>
<th>Value of Contract</th>
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41. Identify prior and current business clients (attach separate list if necessary):

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<tr>
<th>Client name</th>
<th>Contact</th>
<th>Phone Number</th>
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42. 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 business which I represent and for which I make this SLBE, WMBE, SBE, DM/DWBE application.”

__________________________________________________
Affirming Signature

43. 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 business between any persons associated with the business.”

__________________________________________________
Affirming Signature
APPLICATION AFFIDAVIT

I ___________________________________________ (full name printed), swear and affirm that I am
__________________________________________ (title) of the applicant business
___________________________________________ (business name) and that I have read and understood all of the questions in this
application 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 named business in the event Hillsborough County Board of County Commissioners or City of Tampa wishes to verify the
information and documentation provided herein:

Furthermore, I understand that I may not:

a. fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining, retaining or attempting to obtain Small Business
Enterprise registration from the County or SLBE from the City.

b. willfully make a false statement, whether by affidavit, report, or other representation, to an official or employee of Hillsborough
County Board of County Commissioners or City of Tampa for the purpose of influencing the registration or denial of registration of
any entity as a Small Business Enterprise;

c. willfully obstruct, impede, or attempt to obstruct or impede any County official or employee of Hillsborough County Board of
County Commissioners or City of Tampa who is investigating the qualifications of a business entity which has requested registration
as a Small Business Enterprise.

Any material misrepresentation will be grounds for initiating action under appropriate laws concerning false statements.

Signature (Business’s Authorized Representative)     Date

STATE OF: ______________________________________   COUNTY OF:  __________________________________________
Subscribed and sworn to (or affirmed) before me this ________ day of  ___________________________, 20 _____, by
________________________________________, who is personally known to me or who has produced__________________________
___________________________________________as identification and did take an oath.

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

_______________________________________   (Seal)
Notary Public Signature

Notary Public Printed Name

My Commission Expires: __________________________

RETURN COMPLETED APPLICATION AND DOCUMENTS TO:

Hillsborough County
Small Minority Business Development Office
Attention: Certification Services
7402 N. 56TH St Building 400 Suite 425
Tampa, Florida 33617
Phone: (813) 914-4028

OR

City of Tampa
Minority and Small Business Development Office
Attention: Certification Services
306 E. Jackson St., 5N
Tampa, Florida 33602
(813) 274-5522

ALSO REMEMBER TO SUBMIT FROM THE INSTRUCTIONS PAGE 2 WITH EITHER PAGE 3, 4 OR 5