

## Checklist for SBE Certification

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Business Name

**All businesses must fully complete the SBE application & affidavit and provide:**

- \_\_\_\_\_ 1. **A copy of page 1 of the federal tax return (Form 1120) covering the three (3) most recently completed tax years.** (Sole proprietorships will provide page 1 of personal income tax returns **(with Social Security information blacked out.** Corporations and partnerships must provide the first page of corporate tax returns for each year.)
- \_\_\_\_\_ 2. **Current License** (if required for industry.) (GC, Arch, Eng, etc., if applicable)
- \_\_\_\_\_ 3. **Current Business Tax License** (Occupational) (City, County, if applicable)
- \_\_\_\_\_ 4. **Quarterly Wage and Withholding Report (Form 941)** or other format accepted by the IRS, covering the four (4) most recently completed quarters (if applicable). Submit page 1 for each quarter.
- \_\_\_\_\_ 5. **A current copy of driver license(s).**

**Corporations must also provide:**

- \_\_\_\_\_ 1. **Articles of Incorporation**
- \_\_\_\_\_ 2. **Corporation By-Laws.**
- \_\_\_\_\_ 3. **Stock Certificate(s)**

**Partnerships must also provide:**

- \_\_\_\_\_ 1. **Partnership Agreement.**
- \_\_\_\_\_ 3. **Profit Sharing Agreement.**

**Necessary Information for all SBEs:**

- \_\_\_\_\_ 1. **Average Income over past three years** (the amount stated on application & affidavit must reflect the amount stated on income tax returns)
- \_\_\_\_\_ 2. **Number of full time employees** (if the number of full time employees stated on the application & affidavit differ from the number stated on the quarterly wage withholding reports, an explanation from the company must be obtained)
- \_\_\_\_\_ 3. **City Supplier Registration** – Prior to SBE Certification, you must register as a supplier with the City’s Purchasing Department. Registration is a two step process and can be completed on line at the City’s Web site at ([www.stpete.org/purchase/supplier\\_registration.asp](http://www.stpete.org/purchase/supplier_registration.asp)). Please be thorough during the second stage of the process in selecting your company’s service selections. Call the Procurement & Supply Management Department at (727) 893-7220 if assistance is needed. Bid opportunities for Construction bids, good and services, and material needs are posted on the website at (<http://www.stpete.org/internal-bids.php>).
- \_\_\_\_\_ 4. **Effective August 1, 2009, all SBEs are required to attend a “How the City Buys,” “Disaster Preparedness/Recovery for Small Business Owners,” “City Incentives and Services”. Companies providing construction services are required to attend “Bonding” (1 or 2) and “Estimating and Bidding. Companies providing goods and services are required to attend “Pricing for Profit”. Courses must be completed within 90 days of certification/re-certification (or certification/recertification will be revoked).** For workshop dates, information and registration; visit the Greenhouse Events page at: <https://gh.stpetegreenhouse.org/events.aspx>, or call (727) 893-7146.

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Signature

Date

## REQUIRED SBE CERTIFICATION SUPPORT DOCUMENTS

Include the following required support documents with your certification application for the applicant and all affiliates. Your certification application cannot be processed without the required support documents. Based upon your submitted information, **it may be necessary** for your firm to submit additional support documents to determine your certification eligibility.

### FOR A CORPORATION

- a. A copy of page 1 of the federal tax return (Form 1120) covering the three (3) most recently completed tax years. The submitted tax returns must include all schedules, forms, and support statements, as required by and filed with the IRS. Tax returns under any previous ownership type(s) within the same current 3-year period must also be submitted. Please ensure all submitted returns cover a full 36 month period. If the company has been in business for less than three years, provide available tax returns. If the company has yet to file a tax return, please provide information sufficient to demonstrate the annual sales volume and number of employees employed by the company. If a company has not filed a federal tax return as of the time of application for certification, a copy of the return must be filed within 6 months of certification.
- b. If a license is required for your industry (i.e., construction), provide a copy.
- c. A copy of your firms Business Tax Receipt/Occupational License from Pinellas, Hillsborough, Pasco, Manatee or Polk Counties.
- d. A copy of the Articles of Incorporation, including date approved by State, and any subsequent amendments.
- e. A copy of the Corporation By-Laws.
- f. A copy of stock certificate(s) issued (not a specimen copy).
- g. A copy of the state Quarterly Wage and Withholding Report (Form 941) or other format accepted by the IRS, covering the four (4) most recently completed quarters.
- h. A copy of driver license(s).

### FOR A PARTNERSHIP

- a. A copy of page 1 of the federal tax return (Form 1120) covering the three (3) most recently completed tax years. The submitted tax returns must include all schedules, forms, and support statements, as required by and filed with the IRS. Tax returns under any previous ownership type(s) within the same current 3-year period must also be submitted. Please ensure all submitted returns cover a full 36-month period. If company is less than 3 years, and tax returns are unavailable, please provide **PERSONAL** income tax returns. Personal social security numbers should be blocked out.
- b. If a license is required for your industry (i.e., construction), provide a copy.
- c. A copy of your firms Occupational License from Pinellas, Hillsborough, Pasco, Manatee or Polk counties.
- d. A copy of the partnership agreement.
- e. A copy of the Buyout rights agreement.
- f. A copy of the Profit sharing agreement.
- g. A copy of the state Quarterly Wage and Withholding Report (Form 941) or other format accepted by the IRS, covering the four (4) most recently completed quarters.
- h. A copy of driver license(s).

### SOLE PROPRIETORSHIP

- a. A copy of page 1 of the federal tax return (Form 1120) covering the three (3) most recently completed tax years. The submitted tax returns must include all schedules, forms, and support statements, as required by and filed with the IRS. Tax returns under any previous ownership type(s) within the same current 3-year period must also be submitted. Please ensure all submitted returns cover a full 36-month period. If company is less than 3 years, and tax returns are unavailable, please provide **PERSONAL** income tax returns. Personal social security numbers should be blocked out.
- b. If a license is required for your industry (i.e., construction), provide a copy.
- c. A copy of your firms Occupational License from Pinellas, Hillsborough, Pasco, Manatee or Polk counties.
- d. A copy of the state Quarterly Wage and Withholding Report (Form 941) or other format accepted by the IRS, covering the four (4) most recently completed quarters.
- e. A copy of driver license(s).

**CITY OF ST. PETERSBURG**

**For office use only**

**Date received** \_\_\_\_\_

**Date certified** \_\_\_\_\_

**SBE** \_\_\_\_\_

**SMALL BUSINESS ENTERPRISE  
CERTIFICATION APPLICATION**

**NOTE:**

**All applicants must also provide an affidavit. Failure to respond to any questions on this application, and to comply with the request therein, could result in the denial of your firm's SBE certification application. Any incomplete applications will be returned to the sender. Also, please black-out any Social Security numbers from all documents before submission.**

NAME OF FIRM: \_\_\_\_\_

ADDRESS OF FIRM: \_\_\_\_\_  
(Physical location) (No. & Street) (City) (State & Zip)

MAILING ADDRESS: \_\_\_\_\_  
(If different from physical address) (Street Address, City, State & Zip) (or P.O. Box )

BUSINESS PHONE NUMBER(S): ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(Name) (Phone Number)

BUSINESS FEDERAL ID NUMBER \_\_\_\_\_

DO YOU ACCEPT CREDIT CARDS: YES \_\_\_\_\_ NO \_\_\_\_\_ TYPE: \_\_\_\_\_

1. DATE FIRM WAS ESTABLISHED: \_\_\_\_\_  
(Month) (Day) (Year)

2. NATURE OF BUSINESS: (Specify major Products and/or Services/Trades- See Purchasing Guide for Details & Attach additional sheet(s), if necessary).

3. CURRENT NUMBER OF FULL TIME PERMANENT EMPLOYEES ON THE PAYROLL:

\_\_\_\_\_  
\*Please provide a statement if current number is different than wage reporting.

4. ANNUAL SALES VOLUME FOR THE PAST THREE (3) CALENDAR YEARS:  
\*Amounts **MUST** match U. S. Tax Returns

- (1) Year Ending \_\_\_\_\_ \$ \_\_\_\_\_
- (2) Year Ending \_\_\_\_\_ \$ \_\_\_\_\_
- (3) Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

5. TYPE OF OWNERSHIP: (Complete appropriate section)

- \_\_\_\_\_ Corporation (Complete question #6 then proceed to question #9)
- \_\_\_\_\_ Partnership (Complete question #7 then proceed to question #9)
- \_\_\_\_\_ Sole Proprietorship (Complete question #8 and then proceed to question #11)

6. CORPORATIONS: (Complete in full and provide attachments as requested.)

- (a) Is any stock of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person whose name it is in?

\_\_\_ Yes      \_\_\_ No

(If "Yes", attach all such ownership documentation.)

- (b) Is any holder of stock in the corporation a party to any agreement relating to the management or control of the corporation, the rights of the holders of any class of stock of the corporation or the sale, transfer or transferability of any stock of the corporation?

\_\_\_ Yes      \_\_\_ No

(If "Yes", attach all such agreements)

- (c) Attach one copy of the Firm's Articles of Incorporation and By-Laws.
- (d) Attach one copy of all of the Firm's issued shares of stock certificates.

7. PARTNERSHIPS:

- (a) List the name of each partner and describe the percentage of ownership held by each.
- (b) Attach any and all agreements to show partnership as described above.

8. SOLE PROPRIETORSHIP:

List the name of the proprietor and attach any and all such documents to show ownership as stated. Please block out any Social Security information before submitting documents.

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9. OWNERSHIP OF FIRM:

Identify all partners and stockholders by name and percentage of ownership.

<u>Name</u>	<u>% Owned</u>
_____	_____
_____	_____
_____	_____

10. IDENTIFY ALL CORPORATE OFFICERS OF THE FIRM.

<u>Title</u>	<u>Name</u>
President	_____
Vice President	_____
Secretary	_____
Treasurer	_____

11. LIST CURRENT LICENSES\*/PERMITS HELD BY ANY OWNER AND/OR EMPLOYEE. ATTACH A COPY OF THE OPERATING LICENSE, IF ANY.

\*Please note **ALL** Contractors **MUST** supply a copy of their Pinellas County Construction License from the Pinellas County Construction Licensing Board

<u>License</u>	<u>Number</u>	<u>Type of License</u>	<u>Name of permit holder</u>
_____	_____	_____	_____
_____	_____	_____	_____

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12. LIST ANY MAJOR CONTRACTS/PROJECTS (GOODS AND SERVICES LIST ACCOUNTS) COMPLETED BY YOUR FIRM IN THE PAST THREE (3) YEARS, IF ANY:

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(Contractor's/Project Name) (Location) (Type of work performed) (Value of Contract)

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(Contractor's/Project Name) (Location) (Type of work performed) (Value of Contract)

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(Contractor's/Project Name) (Location) (Type of work performed) (Value of Contract)

13. LIST ANY ACTIVE JOBS (ACCOUNTS) YOUR FIRM IS CURRENTLY WORKING:

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(Contractor's/Project Name) (Location) (Type of work performed) (Value of Contract)

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(Contractor's/Project Name) (Location) (Type of work performed) (Value of Contract)

14. LIST THREE REFERENCES OF PAST COMPANY CLIENTS. (Company name, street address, city, state, zip code; attach list, if necessary)

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15. LIST CURRENT EQUIPMENT OWNED TO PERFORM THE JOB. \_\_\_\_\_

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16. BANKING INFORMATION

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(Name and address of banking institution) (Phone) City, State, Zip Code

17. BONDING/LIABILITY INSURANCE INFORMATION

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(Name and address of Insurance Agent/Broker) (Phone) City, State, Zip Code

18. HAVE YOU PREVIOUSLY RECEIVED CERTIFICATION AND/OR DENIAL OF CERTIFICATION AS A SMALL BUSINESS ENTERPRISE?

( ) Yes. Provide copy of certification ( ) No. ( ) Denied. Provide copy of denial letter.

**THE FOLLOWING INFORMATION IS USED FOR DEMOGRAPHIC PURPOSES ONLY. FAILURE TO COMPLETE THIS SECTION WILL NOT AFFECT YOUR ELIGIBILITY FOR CERTIFICATION.**

Ethnic Group Status: Specify the ethnic group and percentage of ownership of the person(s) who own and control 51% or more of the firm.

White \_\_\_\_\_

Black \_\_\_\_\_

Native American or Aleut \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

Women \_\_\_\_\_

Other \_\_\_\_\_

How did you hear about the SBE Program? (Please Circle all that apply)

• The Greenhouse Training Calendar		• The Greenhouse Web Site
• Radio		• Brochure or Poster
• Television		• E-mail
• Newspaper		• Other _____

C: SBE P&P SBE Application.doc. Revised 8/17/16

**AFFIDAVIT**  
**Small Business Enterprise (SBE)**

The undersigned swears (or affirms) that the foregoing statements concerning the location of the business, type of industry, annual sales volume, number of employees and other expressed criteria accurately describe the operations of my business:

\_\_\_\_\_ (Name of Business)

Located at \_\_\_\_\_  
(Physical Address) (No. & Street) (City) (State & Zip)

Type of Industry \_\_\_\_\_

Annual Sales Volume for previous year (**Must match taxes**) \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_

Furthermore, my business also meets the following criteria:

- The business serves a commercially useful function, and has been in operation for at least one (1) year:
- The business is domiciled in Pinellas, Pasco, Polk, Hillsborough or Manatee County.
- The business has a current occupational license/tax receipt issued by any of the above counties.
- The business is a provider of supplies, services or construction;
- The number of employees of the business does not exceed twenty-five (25) full time permanent employees, and the annual sales volume averaged over the previous three (3) years shall not exceed:

Service and Supplies \$3,000,000  
Construction \$5,000,000

I understand that this affidavit affords my company SBE status for a period of two (2) years. SBE status may be revoked for the following reasons:

**Revocation of Certification**

Formal charges against SBEs which result in revocation of certification may be brought and adopted and SBE status may be revoked for either of the following reasons:

- (a) Willfully making a false statement, report or other representation to a City official or employee for the purpose of obtaining SBE status.



- (b) Willfully obstructing, impeding or attempting to obstruct or impede any City official or employee who is investigating the qualifications of a business entity that has requested SBE status. This may be based on any of the following non-exhaustive reasons:
- (c) Failure to provide sufficient information to the Greenhouse staff on which a determination of eligibility can be based;
- (d) Refusal to permit onsite inspections;
- (e) Failure of business enterprise to have been in business for at least one year.
- (f) Refusal to comply with a request for information, data, or access to records pertinent to the application certification.
- (g) Fraud or deceit in obtaining certification,
- (h) Failure to report changes in the status or activities of the business entity or its SBE status which affect the SBEs eligibility for certification; and
- (i) Gross negligence, incompetence, financial irresponsibility, or misconduct in the performance of contractual obligations or services.

**I certify that I will comply with the requirements of St. Petersburg City Code, Chapter 2, Division 3 and 4 and all policies implemented under these divisions and understand that failure to comply could result in revocation of certification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ 201\_\_, before me appeared (name) \_\_\_\_\_ to me personally known \_\_\_\_ OR produced \_\_\_\_\_ as identification, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (name of firm) \_\_\_\_\_ to execute the affidavit and did so as a free act and deed.

(SEAL)

Notary Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_