

Checklist for SBE Re-Certification

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 two (2) most recently completed tax years.** (Sole proprietorships will provide 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.)
- _____ 3. **Current Business Tax License** (Occupational)
- _____ 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.

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. **Effective August 1, 2009, all SBEs are required to attend a “How to do Business with the City of St. Petersburg,” “Disaster Preparedness,” “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” within 90 days of certification/re-certification (or certification/recertification will be revoked).** For workshop dates, check the Greenhouse training calendar on the web at: www.stpetegreenhouse.org/events, call (727) 893-7146 to register.

Signature

Date

**CITY OF ST. PETERSBURG
SMALL BUSINESS ENTERPRISE
RECERTIFICATION APPLICATION**

For office use only

Date received _____

Date certified _____

SBE _____

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 recertification 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).
(Attach additional sheet(s), if necessary). Information will be shared for contracting purposes on our website.

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 TWO (2) CALENDAR YEARS:
***Amounts MUST match U. S. Tax Returns (Three Year average still applies)**

(1) Year Ending _____ \$ _____

(2) Year Ending _____ \$ _____

5. 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)

License Number Name of permit holder

6. LIST ANY MAJOR CONTRACTS/ PROJECTS (GOODS AND SERVICES LIST ACCOUNTS) COMPLETED BY YOUR FIRM IN THE PAST TWO (2) YEARS, IF ANY:

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

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

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

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

(Contractor Name) (Location) (Type of work performed) (Value of Contract)

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

9. LIST CURRENT EQUIPMENT OWNED/RENTED TO PERFORM THE JOB.

10. BANKING INFORMATION

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

11. BONDING/LIABILITY INSURANCE INFORMATION

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

I: SBE Recertification Application.doc. Revised 8/23/16

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 on site 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: _____