

Office of Small Minority Business Programs
401 Clematis Street – Second Floor
West Palm Beach, FL 33401
Telephone: (561) 822-1286 - (561) 822-2104
www.wpb.org/our-city/mayor-s-office/office-equal-opportunity

INSTRUCTIONS: Please complete each item. **Do not leave any spaces blank.** If a question is not applicable to your business, please insert “N/A” in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use numbers to identify any answer continued on an additional sheet. An incomplete application will delay the process. **NOTE:** If you are certified by Palm Beach County Office of Equal Business Opportunity (OEBO) or Palm Beach County School Board as a Small Business Enterprise (SBE) or Minority/Woman Business Enterprise (MWBE), please complete page 1, and attach a copy of your certificate, contact the certifying agency and ask for the interlocal agreement coversheet.



Application for Certification

WEST PALM BEACH

Submit Completed Form and Required Support Documents to:

City of West Palm Beach
Office of Small Minority Business Programs
401 Clematis Street – 2nd Floor
West Palm Beach, FL 33401

FOR INTERNAL USE ONLY	
Vendor No. _____	
Entered by _____	Date: _____
Scanned by _____	Date: _____

*** Required Field**

Certification
<input type="checkbox"/> Small Business Enterprise (SBE)
<input type="checkbox"/> Minority Woman Business Enterprise (MWBE)

11. Date Business was established _____

1. Business Name (as shown on your income tax return) *			
2. DBA (if different than above) _____			
3. Federal Tax Identification Number (FEIN): *			
4. Physical Address (Number & Street) *			
5. City *	State *	Zip Code *	County
6. Phone Number *		7. Fax Number	
8. Email Address		9. Web Address:	
10. Time at Current Address:		Years:	Months:
12. Remit/Additional Address <u>if applicable</u> _____			
13 City *	State *	Zip Code *	County
14. Phone Number *		15. Fax Number	
16. Contact Person		17. Email	
18. Business Classification * (Mark all those that apply - include certification letters) - At least 51% owned by:			
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> County - MWBE	<input type="checkbox"/> County - SBE
<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American	<input type="checkbox"/> School District - MWBE	<input type="checkbox"/> School District - SBE
<input type="checkbox"/> Minority Woman Owned	<input type="checkbox"/> Caucasian Woman Owned	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Non-Minority <input type="checkbox"/> Service Disabled Veteran Business
19. Describe your core business: List No More than Five (5) Commodity Codes that best describe the commodities/services directly supplied by your organization * Codes are found on the website at www.wpb.org/certification			
20. SBE - MBE Certification as a vendor does not guarantee that the vendor will be awarded any business with the City of West Palm Beach. Attach any relevant licenses or certificates your firm may hold.			
21. Business Structure (Select One)			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Limited Liability Company		
22. Business Industry (Select One)			
<input type="checkbox"/> Construction Trade	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Goods and Services	

23. Status of Entity - If the response is "Yes" attach a detailed explanation, including support documentation.

Yes No 1. Is your firm a non-profit organization?

STOP If your firm is not-for-profit contact the Small Business Division to discuss the certification criteria.

Yes No 2. Is your firm part of a joint venture, indemnity organization, distributorship, or a licensed franchise?

Yes No 3. Has the firm been denied or decertified by any other government entity?

Yes No 4. Has the firm earned revenues in its business classification within the last 12 months?

Yes No 5. Has the firm ever existed under different ownership, a different type of ownership, or a different name?

24. Business Ownership

A. Initial Investment capital (to acquire ownership of the firm): \$_____

B. Complete the chart below with details specific to your firm's ownership and management.

Title:	Name:	% of Ownership
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Chief Operating Officer	_____	_____
Manager	_____	_____

25. Size Standards Note: If business is less than three (3) years, complete for years that apply.

(Total Sales, minus total cost of good/materials and subcontractors = adjusted gross margin)

Year	Total Sales	Cost of Materials	Cost of Subcontractors	Adjusted Gross Margin
1				
2				
3				

These figures must be consistent with Federal Income Tax Returns. Attach copy of Federal Tax Return(s) or Financial Statements certified by a C.P.A. Professional used to complete the table.

26. Required support documents for all applicants for all firms

_____ Copy of owner's driver license or other form of identification

_____ Palm Beach County Tax Receipt or

_____ City tax receipt (from the city where business resides)

_____ Copy of professional license(s) or Certificate of Competency, and resumes (if applicable)

_____ Fictitious name certificate (if applicable)

_____ Proof of business location/operation in Palm Beach County (i.e., lease agreement, utility bill, or property tax bill)

_____ Federal tax returns including all schedules or certified financial statement prepared by a Certified (3yrs SBE - 2yrs MWBE)

_____ Public Accountant (CPA) If in business for less than three years submit for number of years in business

_____ Current financial statements less than 90 days old (include balance sheet, income statement and statement of cash flow.

_____ Third-party agreements, such as rental and lease agreements, management agreements, or purchase agreements.

For Corporations or Limited Liability Companies (In addition to required support documents)

_____ Registration with Florida State Division of Corporations

_____ Registration with MyFloridaMarketPlace

_____ Articles of incorporation, including all subsequent amendments (signed by the state official)

_____ Corporate bylaws and any amendments

_____ List of Officers, Board of Directors and shareholders

_____ Copy of stock certificates issued and stock ledger

_____ Shareholders' agreement

_____ Minutes of first corporate organizational meeting

_____ Official Certification of Formation and Operating Agreement with any amendments (for LLCs)

For Partnerships of Joint Ventures (in addition to required support documents)

_____ Partnership Agreement

_____ Buy-out rights

_____ Profit Sharing Agreement

_____ Partnership's distribution of profits for the previous year

_____ Original and any amended Joint Venture Agreements

For Sole Proprietors (in addition to required documents for all applicants)

_____ Prior three-years personal federal income tax returns including schedule C or certified financial statement

Disclosure Affidavit for Certification

(Signed by the majority business owner and notarized)

The undersigned does hereby declare that the statements contained in this Disclosure Affidavit and all documents which have been provided in support of this Application for Certification are true, accurate and complete, and include all material information necessary to evidence that the following firm is qualified for certification in accordance with the code of Ordinances:

[Print company's full name]

The undersigned understands and agrees that failure to submit the required documentation and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for rejection of this Application for certification.

It is recognized and acknowledged that the statements contained in this Application are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which were awarded as the result of information contained in this Application. The applicant further understands that false statements or material misrepresentations made may be grounds for initiating action under local, state, or federal laws which deals with fraud and perjury. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

Furthermore, the undersigned acknowledges that he or she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official or employee of the City for purpose of influencing the certification of an entity as a Small Business or Minority Woman Business; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

The undersigned further acknowledges that certification is normally reviewed every three (3) years; however the City retains the right to re-evaluate the contents of the certification of this business at any time.

The undersigned gives permission to any person and or organization contacted by the City, for the purpose of verifying information contained in this Application, to divulge such information either orally or in writing.

Signature

Print Name

Title

Date

[If a corporation, please place Corporate Seal in this area]

STATE OF FLORIDA

[PALM BEACH COUNTY] SS:

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, an individual, who personally appeared by

physical presence or online notarization before me and who did not take an oath.

Personally, Known OR Produced Identification

Type of Identification Produced: _____

(Print, type or stamp name) _____

Commission No. _____