



**Application for Certification  
Small Business Enterprise (SBE) Program  
Minority Woman Business (MWBE) Program**

**PROCUREMENT DEPARTMENT**

401 Clematis Street  
West Palm Beach, Florida 33401  
Telephone: 561.822.2100  
Fax: 561.822-1564

[Website: www.wpb.org/procurement](http://www.wpb.org/procurement)

**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, please 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  
Procurement Department  
401 Clematis Street  
West Palm Beach, FL 33401

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

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

\* Required Field

Business Name (as shown on your income tax return)*			
DBA (if different than above)			
Federal Tax Identification Number (FEIN): *			
Physical Address (Number & Street) *			
City *	State *	Zip Code*	County
Phone Number *		Fax Number	
Email Address		Web Address:	
Time at Current Address:		Years:	Months:
Phone Number *		Fax Number	

Additional Address			
City *	State *	Zip Code*	County
Phone Number *		Fax Number	
Billing Contact Person		Email	

**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 <input type="checkbox"/> Veteran Business

**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/procurement/Small-Business/Certification](http://www.wpb.org/procurement/Small-Business/Certification)**


**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.**

**Business Structure (Select One)**

Sole Proprietorship     C-Corporation     S-Corporation     Partnership     Limited Liability Company

Other , please specify \_\_\_\_\_

**Business Industry (Select One )**

Construction Trade     Professional Services     Goods and Services

**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?

**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	_____	_____

**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.

**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
- \_\_\_\_\_ 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 before me and who did not take an oath.

Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

(Print, type of stamp name) \_\_\_\_\_

Commission No. \_\_\_\_\_