



Leon County School Board
Small Business Enterprise Department

Mail to:
SBE Department
3420 West Tharpe Street, Suite 100
Tallahassee, Florida 32303-1154

RE-CERTIFICATION APPLICATION

Small Business Enterprise Data Sheet

INSTRUCTIONS: Please complete this form in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate letter. Unanswered questions may be reason for denial.

Name of Firm: _____

Owner of Firm: _____

Primary Contact: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

Phone: (_____) _____ Mobile: (_____) _____ Fax: (_____) _____

E-Mail Address: _____ Web Site Address: _____

B. Federal Tax I.D./EIN No. or Social Security No. of Owner: _____

C. Type of Firm (*Check one*): [] Sole Proprietorship [] Corporation [] Partnership

D. **Nature of Business: Has the nature of your business changed?**

Yes [] No []

If yes, please specify major services/products changes:

E. Number of full-time employees: _____ Number of part-time employees: _____

F. Annual Gross Revenue last year: \$ _____ G. Net Worth of firm: \$ _____

Name of Business: _____

H. **Licenses Required to Conduct Business:** Attach copies of any required local, county and state active business occupational/professional license(s) and permits(s), i.e. contractors, PUC, A&E, HVAC registration, etc. For each license/permit attached indicate:

Name of Licensing Entity	Name of Licensee/Qualifying Individual	Type of Licensee	% of Ownership	Expiration Date

I. **Has the business ownership or percentage of ownership changed since the last certification?**

Yes [] No []

If so, below list the current owners' names and percentage of ownership:

Name	% Ownership

J. **Has the duties and responsibilities of the Directors, Officers and/or Managers who participate in day to day management of the business changed?**

Yes [] No []

If so, list the name of Directors, Officers and Managers who participate in day to day management of the firm, their titles, duties and responsibilities that have changed:

Name	Title	Duties & Responsibilities

K. **Has a governmental entity denied SBE certification to your firm during the past year?**

Yes [] No []

If yes, please identify the governmental entity and location:

L. **Changes: State any changes that have occurred since the last certification, location, legal form of business, ownership and management, etc.)**

Name of Business: _____

AFFIDAVIT OF CERTIFICATION

The undersigned does hereby swear that the foregoing statements and attachments are true, accurate and include all information requested to completely identify and explain the ownership, control and operation of _____ (*Name of Enterprise*) and that none of the information supplied was for the purpose of misrepresenting the matters stated.

It is recognized and acknowledged that the statements herein are being given under oath and any misrepresentation may be grounds for terminating any contract awarded in reliance hereon and may be grounds for disqualification of the firm for other contracts. It is further recognized and acknowledged that **Small Business Enterprise** Certification with the Leon County Schools will automatically terminate by the sale, exchange or transfer of ownership of the business if the new owners do not abide by the criteria set forth by the Leon County Schools **Small Business** offices defined as a **Small Business**. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the Leon County Schools **SBE Department**.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the Leon County Schools may result in the revocation or denial of **SBE** Certification of the above named small business in which owner(s) have an interest.

By submitting this application the above named firm hereby agrees to furnish all documents, records and any other information which at any time may be requested by the Leon County Schools in order to review, investigate or to confirm the **Small Business** status of the business or owner(s) for Certification as a small business. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement furnished herein and the documents herewith are true and correct, and that I am authorized, on behalf of the above firm, to make this affidavit.

(Full Printed Name) (Title)

(Signature) (Date)

On this _____ day of , 20_____ before me appeared to me personally known, 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.

(Notary Public) (Date)

My Commission Expires



(Seal)

Name of Business: _____

Re-Certification Document Checklist

Name of Firm: _____

The following items are to be forwarded to the Office of **Small Business Enterprise** as documentation. Failure to comply with this request may result in certification denial.

_____ (a) Certificate showing the type of insurance and coverage limitation held by the firm

_____ (b) Copies of other SBE Certification(s)

_____ (c) Signed Copy of Prior Year Business Tax Return

Please Note: *If there is a change in ownership or control of the business, or if you propose to provide additional services not listed previously, the Office of **Small Business Enterprise** must be contacted and a new Certification Application completed. Furthermore, the **Small Business Enterprise** office must be notified of any business name, address or phone number changes so that the information available concerning your business is current. Failure to report such changes may constitute grounds for cancellation of this certification.*

**Please Return Application To:
LaRoderick (Rod) McQueen or
LySandra Black
Leon County Schools
Small Business Enterprise Department
3420 West Tharpe Street, Suite 100
Tallahassee, Florida 32303-1154
Phone Number (850) 617-1800**

FOR OFFICE USE ONLY:

Date Reviewed: _____

Type: _____

Approved By: _____

Not Approved By: _____