

Tallahassee-Leon County Office of  
**ECONOMIC VITALITY**  
Grow. Innovate. Experience.



**Minority, Women, and Small Business Enterprise  
RECERTIFICATION APPLICATION**

(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.) FAX COPIES ARE NOT ACCEPTED.

A. Name of Firm: \_\_\_\_\_

Owner of Firm: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ City /State/Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

B. MBE/WBE Status (Please check only one and indicate percentage amount):

[%] African/Black American  [%] Native American Indian, American Aleut

[%] Hispanic American  [%] Non-Minority Woman

[%] Asian American

\_\_\_\_\_  
 Small Business Enterprise (SBE Applicant)

C. Federal Tax I.D./EIN No. or Social Security No. of Owner: \_\_\_\_\_

D. Type of Firm (Check one):  Sole Proprietorship  Partnership  Corporation

Limited Liability Corporation  Limited Liability Partnership

E. Nature of Business: Please specify major products/services changes pertaining to your business:

\_\_\_\_\_  
\_\_\_\_\_

F. Number of full-time employees: \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

Name of Business \_\_\_\_\_

G. Annual Gross revenue last year: \$ \_\_\_\_\_

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 License	% of Ownership	Minority Status (If applicable)	Date of Expiration

J. 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	Gender	Ethnic Group	% Owned

K. Has the duties and responsibilities of the Directors, Officers and/or Managers who participate in day-to-day management of the business changed (If Applicable)? 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

L. Has a governmental entity denied MWSBE certification to your firm during the past year?

Yes [ ] No [ ]

If yes, please identify the certification type, governmental entity, and location:

\_\_\_\_\_

\_\_\_\_\_

Name of Business \_\_\_\_\_

**AFFIDAVIT**

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 MBE Certification with the City of Tallahassee and Leon County will automatically terminate by the sale, exchange, or transfer of ownership of the business by minority/women group members. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the City of Tallahassee-Leon County Office of Economic Vitality MWSBE Division.

By submitting this application the above named business hereby agrees to furnish all documents/records and other information that at any time may be requested by the City of Tallahassee-Leon County Office of Economic Vitality MWSBE Division in order to review, investigate or to confirm the minority-owned, women-owned or small business owner(s) for Certification as a minority-owned, woman-owned, or small business enterprise. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business.

By submitting this application the above named firm hereby agrees to furnish all documents/records and other information, which at any time may be requested by the City of Tallahassee/Leon County Office of Economic Vitality MWSBE Division in order to review, investigate or to confirm the minority status of the business or owner(s) for Certification as a minority 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.

\_\_\_\_\_  
**Signature of Business Owner**

\_\_\_\_\_  
**Title**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me appeared \_\_\_\_\_  
to me personally known \_\_\_or provided 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.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My Commission Expires**

Name of Business \_\_\_\_\_

## **Recertification Document Checklist**

**Name of Firm:** \_\_\_\_\_

The following items are to be forwarded to the City of Tallahassee-Leon County Office of Economic Vitality MWSBE Division as documentation. Failure to comply with this request may result in certification denial.

- \_\_\_\_\_ (a) Application's Affidavit notarized
- \_\_\_\_\_ (b) Business Insurance Certificate
- \_\_\_\_\_ (c) Copies of other City, State, & Federal MBE, WBE, or SBE Certification(s) (If applicable)
- \_\_\_\_\_ (d) Business Tax Certificate
- \_\_\_\_\_ (e) If applicable, provide a copy of the Professional License used to conduct business)
- \_\_\_\_\_ (e) Signed Copy of Prior Year Business Tax Return **(Provide Leon County with last 2 years of Business Tax Returns)**

***If there have been any changes in your business since your last certification, please include the following:***

- \_\_\_\_\_ Copies of Firm's Stock Certificate(s) and Stock Transfer Agreement(s)
- \_\_\_\_\_ Detailed resumes of all principals and owners
- \_\_\_\_\_ Articles of Incorporation or Articles of Organization
- \_\_\_\_\_ Corporate Bylaws and minutes of organizational meetings
- \_\_\_\_\_ Business Insurance Certificate

**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 City of Tallahassee-Leon County Office of Economic Vitality MWSBE Division must be contacted and a new Certification Application completed. Furthermore, the MBE office must be notified of any business name, address or phone number changes so that we have the most up to date information available concerning your business. Failure to report such changes may constitute grounds for cancellation of this certification.

**Return Application to:**

**Tallahassee-Leon County Office of Economic Vitality  
Minority, Women, and Small Business Enterprise  
315 South Calhoun Street, Suite 450  
Tallahassee, Florida 32301  
850/219-1060**

**MWSBE RECERTIFICATIONS ARE VALID FOR A PERIOD OF TWO (2) YEARS**

*Revised 8/2016*

**FOR MWSBE USE ONLY:**

Date Reviewed: \_\_\_\_\_

Type: \_\_\_\_\_

Approved By: \_\_\_\_\_

Not Approved By: \_\_\_\_\_