Please read and sign this page prior to submitting Application

AFFIDAVIT

The undersigned does hereby declare that the statements contained in this application and all documents which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

_______________________________________________________

(Insert full name of applicant company here)

Further, the undersigned agrees to provide the Certifying Agency (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its documents, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own small business enterprise or minority/woman business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Small Business Enterprise (SBE) or Minority Business Enterprise (MBE), or Women-Owned Business Enterprise (WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for certification or recertification. The undersigned further agrees to remit a non-refundable processing fee payment in the amount of $150.00 with this application in the form of a cashier’s check or money order.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm.

Further, the undersigned understands that all documents submitted will become public record.

Further, the undersigned acknowledges on behalf of the applicant business that the applicant business is ready, willing and able to perform work for Palm Beach County Board of County Commissioners and intends to actively compete for such opportunities with the Board of County Commissioners as are within the applicant’s scope of business.

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 may be awarded as the result of information contained in THIS APPLICATION. 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/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 of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, MBE or WBE; 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.

FRAUD

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state and federal laws which deal with fraud and perjury. The AGENCY may initiate actions as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

The undersigned acknowledges that certification is normally reviewed every three years however; the AGENCY retains the right to reevaluate the certification of any firm at any time. The undersigned further acknowledges that should the Agency change the eligibility requirements for certification during the three year certification period, the applicant must meet all new eligibility requirements in order for the certification to remain valid.

_______________________________________________________

Signature

_______________________________________________________

Name (type or print)

_______________________________________________________

Title

_______________________________________________________

Date

On this ______________ day of ____________________, 20____, before me appeared ________________________________

to me personally known or proven to be the person who did execute the foregoing affidavit, and represented that he/she was properly authorized by

_______________________________________________________(name of firm) to execute the affidavit and did so as his/her free act and deed.

_______________________________________________________

Notary Public
PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE
APPLICATION FOR RECERTIFICATION

A non-refundable processing fee of $150.00 must accompany this application. The fee may be either a CASHIER'S CHECK OR MONEY ORDER payable to PBC Board of County Commissioners (personal or business checks will not be accepted).

PALM BEACH COUNTY VENDOR ID # ______________________

Check [ ] certification applied for: [ ] Small Business Enterprise (SBE)
[ ] Minority/Woman-Owned Business

(Check one or both) [ ] Minority-Owned Business or [ ] Woman-Owned Business

PLEASE READ CAREFULLY - TYPE OR PRINT - ANSWER ALL QUESTIONS - ATTACH ADDITIONAL INFORMATION FUTILITY TO FULLY COMPLETE APPLICATION OR PROVIDE DOCUMENTS WILL DELAY PROCESSING.

1. COMPANY NAME ____________________________________________

   Principal Place of Business Address ______________________________

   Street Address _______________________________________________

   P.O. Box __________________ City __________________________ State __________ Zip Code __________

   DBA (Doing Business As) Name: ______________________________________

   Federal ID No. (FEIN): ____________________________ Social Security No.: ____________________________

   Telephone No. ( ) ____________________________ Alt No. ( ) ____________________________ Fax No. ( ) ____________________________

   E-mail Address: ____________________________ Internet Address: Http:// ____________________________

   Business Owner(s) ____________________________________________ M [ ] F [ ]

                      ____________________________________________ M [ ] F [ ]

2. Please submit the following documents with your application for recertification:

   a. Most recent three years federal tax returns for applicant business, as filed with the Internal Revenue Service, including all schedules. If you are a sole proprietor, you must submit personal tax returns that include a Schedule C. *Please refer to Item B on the Recertification Instructions and Process form.*

   b. Most recent three years federal tax returns for subsidiaries and/or affiliates as filed with the Internal Revenue Service, including all schedules, if applicable. *Please refer to Item B on the Recertification Instructions and Process form.*

   c. Current Palm Beach County Business Tax Receipt and Municipal Business Tax Receipt when applicable.

   d. Current copy of professional license(s) or Certificate of Competency

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

   f. A list of all current employee(s) and copy/copies of 1099 or Form 941 for each employee.

   g. Amount of largest contract to date and from whom

PLEASE INDICATE IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST SBE CERTIFICATION:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Firm name</td>
<td></td>
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<tr>
<td>2. Street address</td>
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<td>3. Mailing address</td>
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<tr>
<td>4. City/State/ZIP Code</td>
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<td>5. Contact person</td>
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<td>6. Area code/telephone number</td>
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<td>7. Ownership and control of the firm</td>
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<td>8. Business/services provided</td>
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<td>9. Stock share ownership</td>
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<td>10. The officers of the firm</td>
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<td>11. New Stock Transfer Agreements</td>
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<td>12. New Third Party Agreements</td>
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<td>13. Did you acquire shares of another (not public) corporation</td>
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<td>14. Change in Licensure</td>
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<td>15. Do you exceed the gross receipts for your industry</td>
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NOTE: If “YES” is checked for any of the above questions, you must please submit appropriate documentation.

Revised: 11/8/2011