



"People Focused. Performance Driven."

# INTERLOCAL M/WBE CONSORTIUM RECERTIFICATION APPLICATION

**INSTRUCTIONS:** Please complete this Recertification Application 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 Business: \_\_\_\_\_  
 Owner of Business: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Business Street Address: \_\_\_\_\_ City /State/Zip: \_\_\_\_\_  
 Mailing Address (If Different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

B. Check Appropriate MBE/WBE Status and indicate percentage amount:  
 [%] African/Black American       [%] Native American Indian, American Aleut  
 [%] Hispanic American       [%] Non-Minority Woman  
 [%] Asian American

C. Federal ID Number or Social Security No. of Owner: \_\_\_\_\_

D. Type of Business (Check one):  
 Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation  
 Limited Liability Partnership

E. Identify specific products/services in your Business's area of expertise that you wish to certify:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

H. Net worth of firm: \$ \_\_\_\_\_

I. Licenses required to conduct business: Attach copies of any required local, county and state active business occupational/professional licenses and permits ( i.e., contractor, PUC, A&E, HVAC, registration for each license/permit.

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

J. Has the business ownership or percentage of ownership changed since the last date of certification? Yes [ ] No [ ]

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

Name	Sex	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? 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 M/WBE certification to your business during the past year? Yes [ ] No [ ]

If yes, please identify the governmental entity and location:

\_\_\_\_\_

\_\_\_\_\_

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

**PLEASE REVIEW THE APPLICATION AFFIDAVIT CAREFULLY IN WHICH YOU WILL ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS DOCUMENT.**

**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 Business)** 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 M/WBE 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 or Leon County MWSBE Division.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the City of Tallahassee/Leon County may result in the revocation or denial of M/WBE Certification of the above named minority/woman-owned business and/or any other minority/woman-owned business in which the owner(s) have an interest. In addition, it may also result in the barring of any business in which such owner(s) have an interest from performing any contracting or procurement business with the City of Tallahassee/Leon County.

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 in order to review, investigate or to confirm the minority/woman-owned status of the business or owner(s) for Certification as a minority/woman-owned 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 Business, 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 Business)** \_\_\_\_\_ to execute the affidavit and did so as a free act and deed.

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

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

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

## **Recertification Document Checklist**

Copies of these documents are required only if they are applicable to your business operations. If any document descriptions do not apply to your business, write N/A for each category that does not apply. Be sure that you attach copies of all documents, which are applicable.

- \_\_\_\_\_ (a) Application's Affidavit notarized
- \_\_\_\_\_ (b) Business Insurance Certificate
- \_\_\_\_\_ (c) Copies of other City, State, & Federal MBE/WBE Certification(s)
- \_\_\_\_\_ (d) Business Tax Certificate (If applicable obtain a copy of a 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
- \_\_\_\_\_ Operating Agreement
- \_\_\_\_\_ Corporate Bylaws
- \_\_\_\_\_ Minutes of organizational meetings

**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 MWSBE Division must be contacted and a new Certification Application must be completed. Furthermore, the City of Tallahassee/Leon County MWSBE Division 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.

**Please return Application to:**

**City of Tallahassee MBE Office  
300 S. Adams Street, Mailbox A-11 (mailing address)  
435 Macomb Street, 3<sup>rd</sup> Floor (physical address)  
Tallahassee, FL 32301  
(850) 891-6500**

**(INITIAL CERTIFICATION IS VALID FOR ONE (1) YEAR & RECERTIFICATIONS ARE VALID FOR TWO (2) YEARS)**

**[OR]**

**Leon County MWSBE Division  
1800-3 N. Blair Stone Road  
Tallahassee, FL 32308  
(850) 606-1650**

**(CERTIFICATION IS VALID FOR TWO (2) YEARS)**

**Revised 3/28/2014**