



MINORITY BUSINESS ENTERPRISE
CERTIFICATION APPLICATION

10: **CONTACT PERSON 1:** _____
(Name/Title) (Business Phone #s)

CONTACT PERSON 2: _____
(Name/Title) (Business Phone #s)

11: **DATE FIRM WAS ESTABLISHED:** _____

12. **NATURE OF BUSINESS:** Specify major services, products, and/or materials offered. (Example: fencing, painting, cleaning supplies, engineering consultant).

****Identify only those areas for which you can provide a useful business function and still be competitive with firms in those areas. You are responsible for providing evidence of your firm’s experience or ability to perform in those areas.**

____ Construction ____ Professional Service ____ Supplier ____ Manufacturer ____ Other

13. **IDENTIFY** the state, counties, etc., which the firm serves or is capable of serving:

Statewide: Yes _____ No _____

Counties: _____

Other: _____

14. **OWNERSHIP:**

(a) _____% Minority _____% Woman

(b) List all contributions of money, equipment, real estate, or expertise of each of the owners/investors. Attach proof of the initial investment in the firm (dollars, real estate, equipment, etc.) on behalf of each of the owners.

Owners/Investors	Contributions
_____	_____
_____	_____
_____	_____



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15. OWNERSHIP OF FIRM:

(a) Identify all partners, proprietors, stockholders and shareholders/owners by name, sex, racial/ethnic group and their percentage of ownership.

Name	Race /Ethnic Group	Sex M/F	# of Shares	% of Ownership	Total Cost	Date Acquired	Voting %

(b) Are minority owners of the business legal and permanent residents of Florida?

___ Yes ___ No If not, state owner’s name, where and for how long:

(c) Has ownership been transferred to the minority owner(s) in the past two (2) years from a relative or from a former or current non-minority employer? ___ Yes ___ No If yes, list the name of former owner(s), date of transfer and percentage of ownership transferred.

Name	Date of Transfer	% of Ownership Transferred

16. TYPE OF OWNERSHIP: (Check One)

_____ Corporation _____ Partnership _____ Sole Proprietorship

17. PARTNERSHIPS:

(a) Date Established _____

(b) List of names of each partner and describe the ownership interest of each (if all are not equal general partners).

18. SOLE PROPRIETORSHIPS:

(a) Date Established _____

(b) Name of Proprietor _____



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19. **CORPORATIONS:** (Complete in full **and** provide attachments as requested.)

Date of Incorporation _____ State of Incorporation _____

(a) Is any stock of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person in whose name it is issued?
_____ No If yes, attach all such ownership documentation.

(b) Is any holder of stock in the corporation a party to any agreement relating to the management or control of the corporation, the rights of the holders of any class of stock of the corporation or the sale, transfer, or transferability of a stock of the corporation? _____ No If yes, attach all such ownership agreements.

(c) Please complete the following statements:

The firm has authorized _____ shares of stock, and _____ are common stock and _____ are preferred stock.

The firm has issued _____ shares of stock, and _____ are common stock and _____ are preferred stock.

20. Identify the firms **current** Board of Directors as specified below:

Name	Racial/Ethnic Group	Title/Position	Date of Service

21. Identify additional names of firm's Board of Directors who have served during the past five (5) years.

Name	Racial/Ethnic Group	Title/Position	Date of Service



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22. Identify each officer of the firm (by title) and state his/her current employment by another firm, if any:

Title	Name	Date Elected/Employed	Currently Employed by	Gender M/F	Race/Ethnicity	Current Salary
Chief Executive Officer						
President						
Vice President						
Secretary						
Treasurer						

23. Identify any owner or management official or relatives of owner or management official of the firm who is an employee of another firm and maintains a business relationship with or sits on the Board of Directors of that firm. Explain the business relationship. (Business relationship may include shared space, equipment, financing, employees, or both firms may have one or more of the same owners.)

24. If the answer to number 23 is “**none**,” the owner must **affirm that the following statement is true by signing on the signature line below:**

“There are no owners or management officials nor relatives of owners or management officials of my company who are, or have been employees of another company that has an ownership interest in or a present business relationship with my company.”

Signature _____

25. If any owner of the applicant firm has ownership interest in another company, please identify the company in which interest is held:

Name	Company Name	Type of Business	% of Ownership



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26. If your company is owned in full or in part by another firm, **identify** that firm and percentage of ownership interest: (Include Venture Capitalists and other similar investors)

Firm Name	Address	% of Ownership	Contact Person	Telephone

27. Indicate who directs the following on a day-to-day basis. (**Include names and titles**)

Policy-Making _____

Financial Decisions _____

Personnel Decisions _____

Signs Payroll _____

Signs for Surety Bonds & Insurance _____

Contractual Decisions _____

28. **Identify and fully** explain any changes within the past (2) years affecting the ownership, control and/or responsibility for the day-to-day operations of the company. (Use a separate sheet, if necessary).

29. During the past two (2) years, have there been any changes in key management/technical personnel (including new hires, terminations and/or promotions)? Yes No If yes, explain.

30. **CURRENT NUMBER OF EMPLOYEES ON THE PAYROLL:**

Full-time: _____ Part-time: _____ Contract Personnel: _____



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31. INDICATE NUMBER OF PERMANENT FULL TIME (Salaried) EMPLOYEES:

	TOTAL	MINORITY	FEMALE
MANAGEMENT			
PROFESSIONAL			
TECHNICAL			
SUPERVISORY			
CLERICAL/ADMIN			
SKILLED LABOR			
UNSKILLED LABOR			
GRAND TOTAL			

32. WORKFORCE INFORMATION:

- a. Are any of the employees on another firm's payroll? Yes No
- b. If so, please identify firm(s) and names of employees: _____

33. List the highest paid individuals (by race and gender) with salary amounts and other forms of compensation for the past two (2) years. (Include owners, employees, consultants, independent contractors, etc.) Submit W-2 forms and 1099 forms as appropriate.

34. CONSULTING SERVICES:

Has your firm contracted for management or financial consulting services during the past 12 months?
 Yes No If yes, please identify the firm/service provider:

Name	Address	Contact Person



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35. Specify the gross receipts and the net worth of the firm for the last three (3) years.

- (a) Year ending _____ Total Receipts \$ _____ Net Worth \$ _____
- (b) Year ending _____ Total Receipts \$ _____ Net Worth \$ _____
- (c) Year ending _____ Total Receipts \$ _____ Net Worth \$ _____

36. **IDENTIFY BANKING INSTITUTION(S):**

Name of Institution	Address	Contact Person	Type of Account

37. Number of Signatures required on company checking account: _____

Please provide the **signatures** of all officers of the firm and indicate if they are authorized to sign checks.

	Signature	Authorized to Sign Checks Yes or No
President		
Vice President		
Secretary		
Treasurer		
Chief Operation Officer		

38. If other persons are authorized to sign checks, please **indicate** below:

Name	Title	Signature



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39. Is your company insured? ____ Yes ____ No If yes, provide the following information:

Agent: _____ Telephone No. () _____
 Address: _____ Contact Person _____

Identify:

Type of Insurance	Coverage Limit

40. Is your company bonded? ____ Yes ____ No If yes, identify type and limit:

Bonding Company: _____ Type _____ Limit _____
 Address: _____

 Telephone No. () _____
 Contact Person: _____

41: List sources and amounts loaned to the company in the past two (2) years.

Source	Amount	Co-Signer(s) Guarantor(s)



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42. **LICENSES REQUIRED TO CONDUCT BUSINESS:** Attach copies of any required local, county and state active business license(s) and permit(s), i.e., contractors, PUC, A & E registration, etc.

For each license/permit attached indicate:

Name of Licensing Entity	Name of Licensing/Qualifying Individual	Type of Licenses	Ethnicity/Race & Gender	Exp. Date	% of Ownership

43. Specify the **major items of equipment and vehicles owned** and/or leased by the firm.
(See documents list for required attachments).

44. **OFFICE FACILITY (Check One):** ___ Own ___ Rent If rent, provide:

Name of Landlord: _____

Address: _____

Telephone Number: () _____

45. List the six (6) **largest** projects, in dollar amounts, **completed** by the firm during the last year.

Contract Amount	Scope of Work	Date	Name/Address of Job	Prime Contractor	Contact Person



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46. List the three (3) largest subcontractors and dollar value of completed contracts utilized in the past three (3) years.

47. **BUSINESS REFERENCES:**

Company	Address

48. Do you own/lease warehouse space ____ Yes ____ No

49. **DISTRIBUTORS/SUPPLIERS** (Complete this question **only** if the business is a **distributor** or **supplier**)

Average Dollar Value of Inventory: \$_____

List of Major Suppliers:

Company	Address

50. **MANUFACTURERS** (Complete this question **only** if you are a manufacturer)

List of Major Suppliers:

Company	Address



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51. Has your firm been **denied** certification, decertified, suspended, or challenged as an MBE and/or DBE by an agency or institution during the past two (2) years? _____ Yes _____ No if yes, identify:

Agency	Type of Action	Telephone No.	Contact Person	Date of Denial

52. Has your firm been **certified** as an MBE and/or DBE by any agency or institution during the past two (2) years? _____ Yes _____ No If yes, identify and provide us with copies of the certificates.

Agency	Telephone No.	Contact Person	Expiration Date

53. Indicate if any of the firm(s) referenced as having the same officers, directors or owners as the applicant firm have **previously received or has been denied certification** as a DBE or MBE, and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial.



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CHECKLIST OF DOCUMENTS FOR SUBMITTAL

Copies of these documents are required only if they are applicable to your business operations

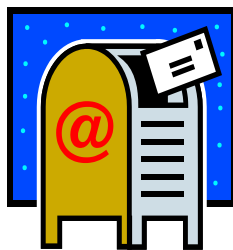
Write “N/A” next to those not applicable.

- _____ Proof of minority status for all owners and officers (birth certificates, court records, tribal records, passports, naturalization)
- _____ Affidavit of Ethnic Designation (original) for each minority owner (if parent’s race is not included on the birth certificate)
- _____ Proof of residency of all owners/directors (driver licenses, homestead exemption, voter registration)
- _____ Prior 3 years’ Federal Tax Returns **including all schedules** (*corporate and individual as applicable*)
- _____ Last 2 years’ financial statements for business
- _____ Payrolls for the last 12 months, including the Florida Quarterly Unemployment Compensation Reports and Wage Listing Reports. Include compensation for owners and officers.
- _____ Firm’s distribution of profits for the previous year
- _____ Purchase, lease or rental agreement(s) for firm site(s)
- _____ Title(s), or registration(s) bill(s) of sale for firm’s vehicles.
- _____ Purchase, lease or rental agreement(s) bill(s) of sale for major equipment used by the firm
- _____ Professional license (if applicable to business industry, e.g. Engineering, General Contractor, Electrical, CPA, etc). The license qualifier must be the (a) minority owner
- _____ Application and indemnity agreement for bonding
- _____ General liability, key employee life insurance policy
- _____ Promissory notes, loan agreement(s) or any instrument, which obligates firm’s assets, minority owner’s interest in firm or the minority owner
- _____ Bill of sale, buy-out or purchase agreement for firm
- _____ Profit-sharing agreement
- _____ Lines of credit
- _____ Franchise agreement
- _____ Affidavit of Intent to Use Fictitious Name (sole proprietorships)
- _____ Occupational License or Business Tax Receipt (s)



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- _____ Minutes of first corporate organizational and minutes reflecting election of current Board of Directors and officers
- _____ All stock certificates issued, including cancelled certificates
- _____ Stock Ledger
- _____ Proof of stock purchase (cancelled checks, etc.)
- _____ Articles of Incorporation
- _____ Corporate By-Laws
- _____ Bank Signature Card for the business or a letter from the bank stating all persons authorized to sign on the account
- _____ Partnership Agreement
- _____ Limited partnership certificate
- _____ Resumes for all owners substantiating actual involvement with all major aspects of the business: including the managerial capability, technical knowledge, training, education, dates and experience required to manage the business
- _____ Copies of 3 recently executed contracts, purchase orders or invoices to customers
- _____ Detailed list of inventory available for resale to the public



MAIL COMPLETED APPLICATION & DOCUMENTATION TO:

Minority Business Development and Assistance Program

Minority Business Affairs Office
Consolidated Service Center
4880 Bulls Bay Highway
Jacksonville, FL 32219

If you have any questions concerning the application or the documentation to be submitted,
Please call: (904) 858-4860



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By signing and submitting this application, I acknowledge individually, and on behalf of the applicant business that the applicant and I understand that:

- ❖ The applicant has the burden of establishing entitlement to certification.
- ❖ All information and documents submitted along with the application or Affidavit for Re-certification become an official public record. As such, **the certifying entity bears no obligation to return to the applicant any items of original production or any copies of file documents.**
- ❖ The applicant consents to examination of its books, records and premises and to interviews of its principals, employees, business contacts, creditors, and bonding companies by the certifying entity for the purpose of determining the applicant’s eligibility for certification.
- ❖ **The certifying entity may request additional documentation not requested on this application.**
- ❖ Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for the purpose of qualifying for certification as such under this program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Department of Legal Affairs and/or certifying entity’s legal counsel for investigation and possible prosecution.

Further, applicant declares and affirms that ownership and management of this firm have not changed, except as indicated in the application/affidavit, during the past year.

(Corporate Seal)

Authorized Officer (please print)

Signature

Title

Company Name

On this ____ day of _____ 20 ____, personally appeared before me, the undersigned officer authorized to administer oaths, known to me the persons described in the foregoing affidavit who acknowledged that he/she execute the same in the capacity stated for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal

Notary Public

Form of Identification Presented

My Commission Expires _____