



## CERTIFICATION CONTINUING ELIGIBILITY AFFIDAVIT

SMALL BUSINESS DEVELOPMENT (SBD)

Date Received (Stamp Date Below):

STEPHEN P. CLARK BUILDING

111 N.W. 1<sup>ST</sup> STREET, 19<sup>th</sup> Floor

MIAMI, FL 33128

PH: (305) 375-3111 FAX: (305) 375-3160

WEBSITE: <http://www.miamidade.gov/smallbusiness/certification-programs.asp>

**INSTRUCTIONS:** Please complete each item (must be typed or written in ink). *Do not leave any blank spaces. AN INCOMPLETE AFFIDAVIT WILL BE RETURNED.*

### Section I Small Business Enterprise Programs (SBE)

Check Current Certification(s):

Miami - Dade County Small Business Programs:

- ☐ Small Business Enterprise – Goods & Services  
☐ Small Business Enterprise – Construction Services  
☐ Small Business Enterprise – Architecture and Engineering

Other Programs:

- ☐ Local Developing Business (LDB)

### Section II General Applicant Information

A. Legal Name of Business \_\_\_\_\_

Trade Name or D/B/A: \_\_\_\_\_

Business Address (Miami-Dade County location only): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Majority owner's name: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

B. Did your business address change within the last twelve (12) months? ☐ Yes ☐ No

If yes, please enclose an updated office lease agreement or warranty deed and Miami-Dade County Local Business Tax Receipt.

### Section III Ownership/Control of Firm

A. List all owners below. Use separate sheet if necessary

Name/Title	Race & Ethnicity Group	Sex M/F	% of Ownership



**B. PERSONAL FINANCIAL (NET WORTH) STATEMENT**

Please complete and submit Attachment B of the Personal Net Worth for each owner(s). Attachment A must be maintained in your office.

**C. Have any changes occurred since your business' most recent certification?** ☐ Yes ☐ No

**If yes, a certification Status Change Request Form is required for changes in ownership or to add/remove small business enterprise programs or trades.**

**Section III Financial Information**

**GROSS RECEIPTS FOR LAST THREE YEARS (Applicant Firm and Affiliates):**

Please submit Owner/Officer signed copies of corporate federal tax returns with all pages/schedules for the most recent year for domestic and foreign firms. If you filed an IRS Tax Return Extension, you must provide a copy of the extension and a copy of the business' most recent income statement for domestic and foreign firms.

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgements,  
personally appeared \_\_\_\_\_, who being first duly sworn deposes and  
Print Name of Owner

affirms that the provided information statements are true and correct to the best of his/her knowledge  
information and belief.

\_\_\_\_\_  
Signature of Owner

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public-State of Florida

My Commission Expires:

I UNDERSTAND THAT SMALL BUSINESS DEVELOPMENT, A DIVISION OF THE INTERNAL SERVICES DEPARTMENT OF MIAMI-DADE COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NON-APPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 837.012, THE FLORIDA STATUTES.



### CONTINUING ELIGIBILITY CERTIFICATION CHECKLIST

**You must include all support documents with your affidavit  
Failure to do so delays the certification review process  
Please include this checklist for easier processing**

Firm Name:		<u>SBD Use Only</u>
<input type="checkbox"/>	1. Personal Financial (net worth) Statement (for each owner of the applicant firm) Attachment B must be submitted with the application.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns, including all schedules for the most current year for the firm and/or affiliates. For sole proprietor, <b>signed</b> copies of individual tax returns for the most current year for the firm and/or affiliates.	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Copies of all current Miami-Dade County Local Business Tax (LBT) Receipt(s) (formerly Occupational License) for the firm. Note: if the firm is a professional association (e.g. accountant, architect, engineer) provide LBT for the firm and the individual. <b>Firm name and address must match Local Business Tax Receipt</b>	<input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	4. Copies of current State and/ or Miami-Dade County license or permit.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	5. Copy of current Technical Certification (professional categories, land surveyors, mapping, geologist, etc. (SBE- Architecture and Engineering Firms ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Current lease agreement ( Purchase Agreement, or copy of Warranty Deed to show ownership of property <i>*** If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer's Quarterly Report-Form RT-6 or statement from payroll company (Goods & Services Only)	<input type="checkbox"/> Submitted
	Comments:	