

# City of Orlando

## MINORITY/WOMEN BUSINESS ENTERPRISE AFFIDAVIT FOR RE-CERTIFICATION

Official use  
\_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_  
( ) CHECK BOX IF NEW ADDRESS:

ADDRESS OF FIRM: \_\_\_\_\_  
(STREET & No.) (CITY) (STATE & ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(STREET & No.) (CITY) (STATE & ZIP)

BUSINESS TELEPHONE NUMBER (S): ( ) FAX #: ( )

E-MAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**MINORITY GROUP STATUS:** SPECIFY THE MINORITY GROUP AND PERCENTAGE OF OWNERSHIP OF THE PERSON(S) WHO OWNS AND CONTROLS 51% OR MORE OF THE FIRM.

AFRICAN AMERICAN: _____%	ASIAN AMERICAN: _____%
NATIVE AMERICAN: _____%	HISPANIC AMERICAN: _____%
AMERICAN WOMAN: _____%	

TYPE OF OWNERSHIP: (CHECK ONE)

[ ] CORPORATION/LLC [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP

LIST CURRENT OWNER(S) NAMES AND PERCENTAGE OF OWNERSHIP:

NAME & TITLE	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____

List the name(s) and title of all officers/shareholders and a brief description of their duties/responsibilities below:

NAME & TITLE(S)	RACE	DUTIES/RESPONSIBILITIES

**NATURE OF BUSINESS:** HAS THE NATURE OF YOUR BUSINESS CHANGED?  **Yes**  **No.** IF YES, PLEASE SPECIFY MAJOR SERVICES/PRODUCT CHANGES.

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**FOR RECERTIFICATION, THE FOLLOWING DOCUMENTS LISTED IN ITEMS (A-E) MUST BE SUBMITTED ALONG WITH THE APPLICATION:**

- a) A copy of Current Financial Statement.
- b) Latest completed Federal Income Tax Return including all Schedules.
- c) Copy of Current Occupation License and/or Professional Licenses.
- d) Latest Employer Quarterly Wage Report, Including Schedule of Employees (UCT-6).
- e) List all contracts, purchase orders, or sub-contracts awarded to your Company by the City of Orlando or City Contractors during the past year. (Include the date, scope of work performed, amount and prime contractor for each project). Check Box if None performed

Number of Full Time Employees: \_\_\_\_\_

Annual Gross Revenue Last Fiscal Year: \$ \_\_\_\_\_

**STATE ANY CHANGES THAT HAVE OCCURRED (LOCATION, LEGAL FORM OF BUSINESS, OWNERSHIP AND MANAGEMENT, ETC.)**

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**HAS A GOVERNMENTAL ENTITY DENIED MBE CERTIFICATION TO YOUR FIRM DURING THE PAST YEAR?**

**Yes**  **No** IF YES, PLEASE IDENTIFY THE GOVERNMENTAL ENTITY AND LOCATION:

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IS YOUR FIRM DBE CERTIFIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

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 Florida Statewide and Inter-local Minority Business Enterprise Certification Application or Affidavit for Re-certification becomes 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 examinations 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 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 has not changed, except as indicated in the application/affidavit, during the past year since certification status was granted:

[Corporate Seal]

Authorized Officer (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_