

# ORANGE COUNTY BUSINESS DEVELOPMENT DIVISION



## Minority/Women Business Enterprise (M/WBE) Certification

### ELIGIBILITY REQUIREMENTS

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is your firm at least 51% owned and controlled by qualified minorities or women? (Minority groups eligible for certification include: African Americans, Hispanic Americans, Native Americans, and Asian Americans) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your firm owned by a United States citizen or alien authorized to work?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is your firm independent of any other business entity or entities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is your firm a for-profit business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is your firm qualified and have the necessary equipment to provide the goods and/or services for which it is requesting certification?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you registered with Orange County as a vendor?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is your firm located in the Orlando Metropolitan Statistical Area (Lake, Orange, Osceola and Seminole Counties)?  |

If you answered no to any of these questions you may be **ineligible** for certification with Orange County Government.

# ORANGE COUNTY BUSINESS DEVELOPMENT DIVISION



## Minority/Women Business Enterprise (M/WBE)

### Certification Application

### GENERAL INSTRUCTIONS

1. This application will be reviewed in accordance with the Florida Statutes, Orange County Code, and Orange County Business Development's Administrative Regulation. Therefore it is advised that you answer all questions carefully.
2. All applications must be appropriately completed, signed, dated, notarized and returned with the additional checklist items (see Pages 18-20) to:  
**Orange County Business Development Division**  
**Post Office Box 1393; 400 E South Street**  
**Orlando, FL 32802-1393**
3. If you have questions, certification assistance is available by appointment only after attending a certification workshop. Call (407)836-7323 to request an appointment. You may email questions to [BusinessDevelopment@ocfl.net](mailto:BusinessDevelopment@ocfl.net).
4. Answer all questions briefly and accurately. Do not ignore any questions. If a question does not apply to your business write "N/A" in the space provided.
5. When there is not enough space for the information requested write "see attached" in the space provided, then attach the information.
6. **All businesses, including start-ups**, must submit financial statements to evaluate the business' net worth. Business net worth means total business assets minus total liabilities. If the applicant owns more than one (1) business, all of the businesses are included in the calculation. Only companies whose net worth is less than \$2,300,000.00 at the time of application will be considered.
7. All firms (Construction, Professional Services, Goods and Services) **must maintain the primary office in the Orlando Metropolitan Statistical Area (Lake, Orange, Osceola and Seminole Counties). Note: A characteristic which identifies the office presence is an office lease agreement, demonstrating a six-month presence in the Orlando MSA. Branch offices are not considered if located in a home.**
8. All businesses must be legally organized and established as a profit-making organization. Orange County does not certify non-profit organizations.

## GENERAL INSTRUCTIONS CONTINUED

9. The business must be at least 51% owned and controlled by minorities or at least 51% owned and controlled by women group members. For additional certification requirements please request a copy of the M/WBE Ordinance or visit

<http://www.ocfl.net/Portals/0/Library/Vendor%20Services/docs/OrdinanceMinorityBusiness.pdf>

10. Processing time is at least sixty (60) business days, staff members may perform on-site visits, applicant interviews, reference checks, and conduct research to verify information submitted by the applicant to substantiate their eligibility for certification as deemed necessary. Check your certification status online by visiting <http://apps.ocfl.net/orangebids/minorityvendorlisting/default.asp>. Failure to provide access for site visits shall be grounds to cancel the process and reapplication shall not be allowed for three (3) years.

11. You must register as an Orange County vendor online at <http://apps.ocfl.net/vrs/vrs.asp>

12. To do business with Orange County you do not have to be a certified M/WBE firm. Go to <http://apps.ocfl.net/orangebids/bidresults/results.asp> to see current Bid & Proposal Openings.

13. It is recommended that you attend our free monthly Certification Workshop. This will be extremely helpful in answering questions regarding the certification process. Call the National Entrepreneur Center at (407)420-4848 to sign up for the next Certification Workshop. Attendance is limited to 30. This workshop is offered on the second Monday of each month from 2 - 4 P.M.

14. Information provided for M/WBE certification is public record pursuant to Chapter 119, Florida Statutes. The information provided is freely shared with other public entities and anyone making a public records request.

15. Please note: Section 837.06: False official statement, Florida Statutes. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty **shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083** and Section 287.094 (1): It is unlawful for any individual to falsely claim to be a minority business enterprise for purposes of qualifying for certification with any governmental agency. **The certification of any contractor, firm, or individual obtained by false representation shall be permanently revoked, and the entity shall be barred from doing business with state government for a period of 36 months. Any person who violates this section is guilty of a felony of the second degree, punishable as provided in s.775.082, s.775.083, or s. 775.084.**

16. In an effort to expedite your application Orange County Business Development Division (OCBDD) utilizes phone, email, and fax communications. Please include all on your application.

17. Applications that do not provide additional information in the time allotted will be returned. If this occurs, the applicant will not be allowed to reapply for six (6) months from the date of the closure letter.

18. Reciprocity is not addressed in the Orange County Ordinance and will not be considered at this time.

# ORANGE COUNTY

## Minority/Women Business Enterprise Certification Application

For Internal Use Only

**INSTRUCTIONS:** Please complete each item. Type or print clearly. Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

DATE: \_\_\_\_\_

1. NAME OF FIRM: \_\_\_\_\_

2. FICTITIOUS NAME (dba): \_\_\_\_\_

3. FEDERAL ID NUMBER: \_\_\_\_\_

4. ADDRESS OF THE FIRM: \_\_\_\_\_

Number & Street

City State Zip Code

5. MAILING ADDRESS: \_\_\_\_\_

Number & Street

City State Zip Code

6. BUSINESS CONTACT INFORMATION:

OFFICE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

7. LIST ALL BRANCH OFFICE LOCATIONS:

City, State	Telephone Number(s)	Fax(s)

8. APPLICANT'S MINORITY IDENTIFICATION STATUS FOR WHICH CERTIFICATION IS SOUGHT:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian Pacific American |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> American Woman    | <input type="checkbox"/> Asian Indian American  |

9. PRIMARY OWNER OR OFFICER:

\_\_\_\_\_ (Name, Title)

CONTACT PERSON 1:

\_\_\_\_\_ (Name, Title)

\_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number

CONTACT PERSON 2:

\_\_\_\_\_ (Name, Title)

\_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number

**IMPORTANT:**

If correspondence is with an alternate contact person, you, the owner(s), give authorization for this individual to respond and act on your behalf in all matters associated with your certification with Orange County Government

10. DATE FIRM WAS ESTABLISHED:

\_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

11. 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 these areas.

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Professional Service       | <input type="checkbox"/> Supplier | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Service  | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Professional Service (A/E) |                                   |                                       |

12. GEOGRAPHICAL AREA SERVICED: Identify the State, Counties, etc., which the firm services or is capable of serving:

Statewide:  Yes  No

Counties: \_\_\_\_\_

Other: \_\_\_\_\_

13. OWNERSHIP:  Minority  Woman

List all contributions of money. Attach proof of initial investment in the firm on behalf of each of the owners.

OWNER(S)/INVESTOR(S)	MONETARY CONTRIBUTIONS

14. TYPE OF OWNERSHIP: (Check One)

Corporation  Partnership  Sole Proprietorship  Limited Liability Company

15. OWNERSHIP OF FIRM: (Complete if legal structure is **Corporation or LLC**)

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

Name	Race/Ethnic Group	M/F	No. of Shares/ Units	% Ownership	Total Cost of Shares/ Units	Date Acquired	Voting %

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

Yes  No

If not, where and for how long: \_\_\_\_\_

16. Please complete the following:

The firm has **authorized** \_\_\_\_\_ shares of stock/units, and \_\_\_\_\_ are common stock and \_\_\_\_\_ are preferred stock.

The firm **issued** \_\_\_\_\_ shares of stock/units, and \_\_\_\_\_ are common stock and are \_\_\_\_\_ preferred stock.

17. **CORPORATIONS AND LLC'S:** (Complete in full and provide attachments as requested)

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

(a) Is any stocks/units of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person whose name it is issued?  Yes  No

(b) Is any holder of stocks/units in the corporation/llc a party to any agreement relating to the management or control of the corporation, the rights of the holders of any class of stock/units of the corporation/llc or the sale, transfer, or transferability of stock/units of the corporation?

Yes  No

If yes, attach all such ownership agreements

18. Has the 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(s) of former owner(s), date of transfer and percentage of ownership transferred.

Name	Date of Transfer	% of Ownership Transferred	Reason for Transfer

19. CORPORATIONS: Identify the firm's **current** Board of Directors (**President, Vice-President, Secretary, etc.**) as specified below:

Name	Racial/Ethnic Group, Gender	Title/Position	Date of Service

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

Name	Racial/Ethnic Group, Gender	Title/Position	Date of Service

21. PARTNERSHIPS, LLP

(a) Date Established: \_\_\_\_\_

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

Name/Title of Ownership

%

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____





25. Identify any owner or management official/relatives 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)**

26. If the answer to #25 is “none,” the owner must affirm by **handwriting and signing** the following statement\*\*:  
**“There are no owners or management official nor relatives of owners or management official 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

**\*\* Pursuant to Section 287.094(1), Florida Statutes, it is unlawful for any individual to falsely claim to be a minority business enterprise for the purposes of qualifying for certification with any governmental certifying organization which is punishable as a felony of the second degree.**

27. If any owner of the applicant firm has ownership interest in another company, please identify companies in which interest is held and sign below. If “not applicable,” write “N/A” and sign below.

Name	Company Name	Type of Business	% of Ownership

---

Signature

**\*\* Pursuant to Section 836.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083.**

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

Firm Name	Address	% of Ownership	Contact Person	Telephone #

29. 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: \_\_\_\_\_

30. List the highest paid individuals 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.

Name	Race/Gender	Salary	Other Compensation

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

If yes, explain:  Yes  No

32. During the past two (2) years, have there been any changes in key management/technical personnel (Including new hires, terminations and/or promotions)?

If yes, explain:  Yes  No

33. Current number of employees on the payroll, including applicant (**provide a number; there has to at least be one person working full-time in the business**):

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Contract Personnel \_\_\_\_\_

34. Permanent & Part-time employees: (**Identify title/Position, Race, Gender of all minority employees; if employee is a minority because they are a woman and race, only count them once as a woman**)

Title/Position	Total	Minority	Woman
Management			
Professional			
Technical			
Supervisory			
Clerical/Administrative			
Skilled Labor			
Unskilled Labor			
Grand Total			

35. Are any of the employees on another firm's payroll? If so, please identify firm(s) and names of employees

Firm	Name of Employee

36. CONSULTING SERVICES:

Has your firm contracted for management or financial consulting services during the past twelve (12) months?

If yes, please identify the firm/service provider:

Name	Address	Phone Number	Contact Person

37. 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: \$ \_\_\_\_\_

38. IDENTIFY THE COMPANY'S BANKING INSTITUTION(S):

Name of Institution	Address	Contact Person	Type of Account

39. 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.

<u>Officers</u>	Signature	Authorized to sign checks?	
President/Managing Member	_____	<input type="radio"/> Yes	<input type="radio"/> No
Vice President/Member	_____	<input type="radio"/> Yes	<input type="radio"/> No
Secretary	_____	<input type="radio"/> Yes	<input type="radio"/> No
Treasurer	_____	<input type="radio"/> Yes	<input type="radio"/> No
Chief Operating Officer	_____	<input type="radio"/> Yes	<input type="radio"/> No

40. If other persons are authorized to sign checks, indicate below:

Name	Signature	Title

41. IS YOUR COMPANY INSURED? If yes, provide the following information. If not, provide copies of quotes:       Yes       No

Agent: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

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

Identify the following:

Type of Insurance	Coverage Limits

42. IS YOUR COMPANY BONDED? If yes, identify the name of the bonding company, type and limits.

Yes     No


Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
          \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

43. LIST ALL OUTSTANDING SOURCES AND AMOUNTS LOANED TO THE COMPANY FOR THE **PAST THREE (3) YEARS.**

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

44. SPECIFY THE MAJOR ITEMS OF EQUIPMENT AND VEHICLES OWNED AND/OR LEASED BY THE FIRM (**This includes equipment that was purchased for the use of the business**).

45. **LICENSES REQUIRED TO CONDUCT BUSINESS:** Attach copies of any required local, county and state active business license(s) and permit(s). i.e. contractors, A&E registrations, etc. for each license and permit attach, indicate:

Name of Licensing Entity	Name of License/Qualifying Agent	Type of License	Ethnicity/Race & Gender	Expiration Date	% of Ownership

46. **LIST THE SIX (6) LARGEST PROJECTS/INVOICES, IN DOLLAR AMOUNTS, COMPLETED BY THE FIRM DURING THE LAST YEAR (If your company has not secured contracts, provide the largest invoices).**

Contract \$ Amount	Scope of Work	Completion Date	Name/Address of Job	Subcontractor or Prime?	Contact Person (if Sub)

47. **LIST THE THREE (3) LARGEST PROJECTS THE COMPANY HAS SUBCONTRACTED AND DOLLAR VOLUME OF COMPLETED CONTRACTS UTILIZED IN THE PAST THREE (3) YEARS.**

Subcontractor	Contract Name	Dollar Amount Awarded



48. OFFICE FACILITY (Check One):  Rent  Own  Home Office

If renting, provide the following: (Attach a copy of the Rental/Lease Agreement)

Name of Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

49. DO YOU OWN/LEASE WAREHOUSE SPACE? If yes, provide the number of square footage and attach necessary documentation.

Yes

No

Square Footage: \_\_\_\_\_

50. BUSINESS REFERENCES:

Name	Address (City & State)	Phone Number

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

Average Dollar Value of Inventory:

List of major suppliers: \_\_\_\_\_

Name	Address (City & State)

52. MANUFACTURERS (Complete this question only if the business is a manufacturer). List of major suppliers:

Name	Address(City & State)

53. HAS YOUR FIRM BEEN DENIED CERTIFICATION, DECERTIFIED, SUSPENDED, OR CHALLENGED AS AN M/WBE 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 Action

54. HAS YOUR FIRM BEEN CERTIFIED AS AN MBE, WBE, OR DBE BY ANY AGENCY DURING THE PAST TWO (2) YEARS? If yes, then list and attach copies of the certificate(s).

Agency	Type of Certification	Expiration Date

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

**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ personally and as the representative of \_\_\_\_\_  
(Company Representative) (Company Name)

acknowledge that I have submitted an application to the **Orange County Business Development Division** for certification as a Minority/Women Business Enterprise (MWBE). Pursuant to Section 287.0943(2)(h), Florida Statutes (sited below and I hereby acknowledge reading same), I have designated certain information provided with the application as "proprietary confidential business" information.

I hereby release the **Orange County Business Development Division** to provide to, and exchange such information with other governmental entities or participants in the Statewide & Inter-Local Certification Agreement, with whom I am seeking, or have sought, certification as a MBE. The scope of this release is expressly limited to requests of those governmental entities with whom I am applying or have applied to be certified as a MWBE. This release shall be effective from the date of this application until the next application. I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on, \_\_\_\_\_  
(Date)

Signed, \_\_\_\_\_  
(Signature)

**Section 287.0943(2), F.S. (h)** The certification procedure should allow an applicant seeking certification to designate on the application form the information the applicant considers to be proprietary, confidential business information. As used in this paragraph, "proprietary, confidential business information" includes, but is not limited to, any information that would be exempt from public inspection pursuant to the provisions of s.119.07(3), trade secrets, internal auditing controls and reports, contract costs, or other information the disclosure of which would injure the affected party in the marketplace or otherwise violate s.286.041. The executor in receipt of the application shall issue written and final notice of any information for which non- inspection is requested but not provided for by law.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who,  
being duly sworn deposes and says:

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 Recertification 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 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 have not changed, except as indicated in the application/affidavit, during the past year since certification status was granted.

[Affix Corporate Seal]

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by

[NOTARY SEAL]

Personally Known or Produced Identification: \_\_\_\_\_

Type of Identification:

Notary Signature:

## CHECKLIST OF REQUIRED DOCUMENTS FOR SUBMITTAL

Copies of these documents are required only if they are applicable to your business operations and must accompany your application. Write "N/A" next to those not applicable. Submit copies only – do not submit originals. **Please tab your documents with the corresponding number(s) to make the process quicker for reviewing.**

1.) Proof of minority status for all owners and offices ( <b>birth certificates, marriage license, court records, tribal records, passports, naturalization</b> )
2.) Bank statement for all corporate accounts ( <b>submit the most recent bank statement</b> )
3.) Bank signature card/or letter from bank
4.) Complete the Bidder's Mailing List Application ( <b>The application must now be completed on-line.</b> ) Instructions: <ol style="list-style-type: none"><li>1. Log on to <a href="http://www.orangecountyfl.net">www.orangecountyfl.net</a></li><li>2. On the top bar click "Businesses" Next, click on <u>Vendor Services</u>.</li><li>3. Click on <u>Vendor Registration System</u>.</li><li>4. Click on <u>Vendor Registration Home</u>.</li><li>5. Type in your company's name in the <u>legal name box</u> and click <u>find</u>.</li><li>6. Continue the process by following the prompts.</li></ol>
5.) Last two years of accrual financial statements for business. If the business is operating on a cash basis, then provide total account receivables ( <b>uncollected money due</b> ) and account payables ( <b>bills unpaid</b> ).
6.) Firm's distribution of profits for the previous year
7.) Title(s), or registration(s), bills of sale for major equipment used by the firm ( <b>If there are any vehicles in the company name, provide a copy of the title and/or registration for that vehicle</b> ).
8.) Estimated dollar value, itemized listing, and proof of purchase of inventory items ( <b>cancelled checks, invoices, etc</b> )( <b>only if you are seeking certification as a supplier</b> )
9.) Application and indemnity agreement for bonding
10.) General liability, key employee life insurance policy ( <b>provide a copy of the certificate of insurance</b> ).
11.) Promissory notes, loan agreements or any instrument which obligates firm's assets, minority owner's interest in the firm or the minority owner.

12.) Evidencing compensation for all employees, including self (copies of payroll, W-2's, 1099's, canceled checks, etc. Evidence must be submitted to show how you and your employees are paid).
13.) Explain the nature of your business and how contracts are obtained
14.) Federal Tax Returns for the past two years
15.) Fictitious name registration
16.) List of major suppliers (only if you are seeking certification as a supplier).
17.) Name (s) of full-time employee (s) and job titles
18.) Local Business Tax license
19.) Lines of credit
20.) Office/ Warehouse lease
21.) Professional Services License: (ie, State of Florida Dept of Professional regulations, or any service that requires a license before you can conduct that particular service)
22) Proof of purchase or equipment owned and /leased (provide copies of receipts)
23.) Proof of residency (driver's license, homestead exemption, etc.)
24.) Provide proof of recent executed contracts and/or invoices showing the scope of service(s) provided.
25.) Resumes of <u>all owners and management showing education, employment with titles and dates</u>
26.) Recent certification certificates received from other government entities
27.) State of Florida Dept of Labor Quarterly Wage Reports for the last three (3) quarters
If Legally organized as a <b><u>SOLE PROPRIETORSHIP</u></b> (These documents are mandatory)
28.) Personal financial statement of sole proprietor
29.) Affidavit of Intent to Use fictitious name/fictitious name registration.
If Legally organized as a <b><u>PARTNERSHIP</u></b> (These documents are mandatory)
30.) Bill of sale, buy-out or purchase agreement for firm
31.) Profit-sharing agreement
32.) Partnership agreement

<p>If Legally organized as a <b><u>CORPORATION</u></b>  (These documents are mandatory)</p>
33.) Minutes of first corporate organizational meeting and minutes reflecting election of current Board of Directors and officers
34.) All stock certificates issued, including cancelled certificates
35.) Stock Ledger
36.) Proof of stock purchase (cancelled checks, bank statement, etc.)
37.) Articles of Incorporation
38.) Corporate By-Laws
<p>If Legally organized as a <b><u>LIMITED LIABILITY COMPANY (LLC)</u></b>  (These documents are mandatory)</p>
39.) Operating Agreement
40.) List of members by race, sex, and date appointed
41.) All certificates issued, including all cancelled certificates.
42.) Membership Ledger
43.) Proof of Purchase (cancelled checks, bank statement, etc.)
44.) Articles of organization