



SMALL BUSINESS APPLICATION

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Enter the required information for each blank space. Once completed, please sign and date the affidavit in the presence of a Notary Public, who must then notarize the form. Supporting documents to be submitted at the time of the application:

- Completed 'notarized' Application
- Past three years of Corporate Tax Returns
- Past three years of Personal Tax Returns

Please note: This program is only for local companies within the state of Tennessee. Only those companies within 90 miles of Memphis International Airport will be considered local.

SECTION I: VERIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs:

DBE ACDBE 8(a) SDB Not Certified

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers, or management personnel, ever withdrawn an application for any of the programs listed above, ever been denied certification, decertified, debarred, suspended, or otherwise had bidding privileges denied or restricted by any local, state, or federal entity?

Yes No

If 'Yes,' identify the state where this occurred, list the name of the local, state, or federal agency, date of incident, and explain the nature of the action on a separate sheet:

Certification State: _____ Certification Agency: _____

Contact Name: _____

Contact Number: _____ Contact Email: _____

Date: _____

SECTION II: GENERAL INFORMATION

A. Contact Information

Contact Person & Title: _____

Legal Name of Firm: _____

Primary Ph.: _____ Secondary Ph.: _____ Fax: _____

Email: _____ Website: _____

Physical Address (No. P.O. Box): _____

City, State: _____ County: _____ Zip: _____

Mailing Address (if different): _____

City, State: _____ County: _____ Zip: _____

B. Business Profile

Describe the primary activities of your firm.

Please list any and all NAICS codes you feel are applicable to your firm:

(Please use the following website to identify the proper six digit industry codes <http://www.census.gov/eos/www/naics/>)

Federal Tax ID (if any): _____

This firm was established on: _____

I/We have owned this firm since: _____

Method of acquisition (check all that apply):

Started a new business Bought existing business Inherited business

Secured concession Merger or consolidation

Other (explain): _____

Is your firm 'for profit?' Yes No

⊗ STOP! If your firm is **NOT** for profit, then you **DO NOT** qualify for this program and **DO NOT** need to fill out this application.

Type of firm (check all that apply):

Sole Proprietorship Partnership Corporation

Limited Liability Partnership Limited Liability Corporation Joint Venture

Other (Please describe): _____

Has your firm ever existed under different ownership, a different type of ownership, or a different name?

Yes No If yes, explain: _____

Number of employees: FT: _____ PT: _____ Total: _____

Specify the gross receipts of the firm of the last 3 years:

Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

Is your firm co-located at any of its business, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff with any other business, organization or entity?

Yes No

If yes, identify other firm(s) name(s): _____

Explain the nature of shared facilities: _____

AFFIDAVIT OF CERTIFICATION

Form must be signed and notarized for each owner upon which disadvantaged status is relied.

I, _____, swear or affirm under penalty of law that I am (title) _____ of the applicant firm (firm name) _____ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of verification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses. I further certify that my personal net worth does not exceed \$1.32 million dollars.

Date Executed: _____

Applicant Signature: _____

Notary Seal

NOTARY CERTIFICATE:

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature: _____

County of _____,

State of _____

My Commission Expires: _____