



SMALL LOCAL BUSINESS ENTERPRISE PROGRAM

RECERTIFICATION QUESTIONNAIRE

Updated 06/19



The following information is submitted to determine recertification status as a Small Local Business Enterprise:

Name of Firm:

Address (1):

Address (2):

(If different from above)

City: State: Zip Code: County:

Telephone Number: () Fax Number: ()

Cellular Number: ()

Email Address:

Contact Person: Title:

Indicate whether the applicant business is:

Sole Proprietorship Corporation

Partnership Limited Liability Company

Other (specify)

Is the address above your firm's principal location? Yes No

Is this a branch, satellite or regional office? Yes No

How long has the business operated at the current location?

Is this the office where the majority of the firm's management and employees are located? Yes No

1) BUSINESS STATUS

- a. Attach copy or copies of business license(s)
- b. Attach copy of professional or general contractor’s license

f. Estimate the percentage of your business allocated to the following (**Total must equal 100%**)

Professional Services Entities (i.e., architecture, engineering, and land surveying)

Professional Services	%
Other	%

Construction Entities

Construction	%
Other	%

2) BUSINESS SIZE

a. Total Number of Employees

b. Total Number of Full Time Employees

Submit copies of the business **Federal Tax Returns** for the last **two years**. (**Documents are kept confidential and destroyed once it is determined that the business meets the U.S. Small Business Administration’s size limitations. If new business, submit financial statement**)

PRINCIPAL LOCATION OR SATELITE OFFICE

a. The business seeking certification has its principal location in Durham, Orange, Person or Chatham Counties.

b. The business has had, for at least a year prior submitting this application, a satellite, branch or regional office in any of the stated counties; in which at least 25% of the full time employees who work at that office must live in those counties. The applicant will complete the AFFIDAVIT attached in support of this statement.

DOCUMENTATION OF FULL TIME EMPLOYEES LIVING IN DURHAM, ORANGE, PERSON AND CHATHAM COUNTIES
(add additional pages if needed.)

EMPLOYEE	ADDRESS	CITY/COUNTY	ZIP CODE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
11.			
12.			

Signed:	Date:
(Business Owner of designee)	

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material necessary to identify and explain the operations of _____ as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City, current, complete and accurate information regarding actual work performed on the project, the payment for, and any proposed changes, if any, of the foregoing arrangements. Any material misrepresentation will be grounds for terminating any contract which may be awarded, and for initiating action under Federal or State laws concerning false statements.

Name:	Title:
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Signature:	Title:
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(Principal Owner or Chief Executive Officer)

CORPORATE SEAL (required for a Corporation)

Firm's Name:

I,	Notary Public, appointed in the
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State of	County of	do hereby certify that
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Name and Title of Officer

To be the person whose name is subscribed to the foregoing affidavit, appeared before me this day in person, and acknowledged that he/she signed the above affidavit as his/her free and voluntary act. Sworn and subscribed before me this _____
_____ Day of _____, 20_____

By _____ whose signature appears below.

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Signature _____

NOTARY PUBLIC

My commission expires: _____
(Notary Seal Required)