



SECTION I: BUSINESS INFORMATION

Business Name:

Primary Place of Business:

Address

City

State

Zip Code

Check all that apply:

☐

Home Office

☐

Own

☐

Lease

Mailing Address:

☐ *Same as Above*

Address

City

State

Zip Code

Contact Information:

Phone

Fax

Cell

Email

Federal Employer ID Number (FEIN):

☐

No FEIN

City Vendor Number:

☐

No Vendor Number

Business Type:

☐

Sole Proprietorship

☐

Partnership

☐

LLC

☐

Corporation (Including S-Corps)

Additional Locations, if any:

*(e.g., satellite offices,
storage units,
warehouses, etc...)*

Sample Format: 111 Street, City, State 95030 (Equipment Storage)

Truckers/Haulers:

*Indicate where you park
your vehicle(s).*

SECTION II: OWNERSHIP & EMPLOYEE DATA

[illegible]

Total Number of All Employees	Last Year	Current Year	Number of Field Employees	Last Year	Current Year
Total Number of <u>ALL</u> Employees			Total number of <u>field</u> employees		

SECTION III: GOODS AND SERVICES

Identify any **NEW** goods and services, if any, for which you are seeking certification.

For a list of goods and services eligible for LBE certification, go to: <http://sf-hrc.org/Modules/ShowDocument.aspx?documentid=598>

SECTION IV: REQUIRED SUPPORTING DOCUMENTS

Submit All Required Documents with Your Application

(Be Sure to Complete the Document Checklist Provided Below)

- ☐ Submitted
☐ NA

Verification of New Primary Place of Business: If your primary place of business has not changed since your last review, check NA. Otherwise, provide a copy of your lease or other written agreement with proof of recent rent payment for your new primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

- ☐ Submitted
☐ NA

Verification of New Additional Locations: If your additional locations have not changed since your last review, check NA. Otherwise provide a copy of your lease or other written agreement with proof of recent rent payment for each new additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

- ☐ Submitted
☐ NA

Six months of Continuous Operations: Provide a copy of your current business license issued by the locality in which your primary place of business is located. ***If license was issued less than six months ago, also provide a copy of your most recently expired business license.***

Truckers/Haulers: Provide copies of (1) your DMV Motor Carrier Permit and (2) proof of ownership for each vehicle in your fleet (e.g., vehicle registration or title).

- ☐ Submitted
☐ NA

Verification of New Business Type: If your business type has not changed since your last certification, check NA. Otherwise, see below.

Sole Proprietorships: Check NA

Partnerships: Provide a copy of your partnership agreement. If you do not have one, check NA.

Corporations (including S-Corps): Provide a copy of your Articles of Incorporation.

LLCs: Provide a copy of your Articles of Organization.

- ☐ Submitted
☐ NA

Verification of New Ownership Percentages: Provide proof of ownership percentages for each owner/principal identified in Section II (e.g., up-to-date stock transfer ledger, most recent K-1 Schedules, etc).

Sole Proprietorships: Check NA.

- ☐ Submitted
☐ NA

Woman or Minority Owned Businesses: If the owners have not changed since your last review, check NA. Otherwise, for each new owner/principal which you identified as Female or an Ethnic Minority in Section II, provide proof of gender or nationality (e.g., passport, driver's license, birth certificate, etc.).

- ☐ *Submitted* **Verification of Employee Data (1):** Provide a copy of your most recently filed annual W-3 Transmittal of Wage and Tax Statement filed with the Social Security Administration. If you did not pay wages last year, check NA.
- ☐ *NA*
- ☐ *Submitted* **Verification of Employee Data (2):** Provide copies of all quarterly DE9C payroll reports you filed with the CA Employment Development Department last year. If you did not pay wages last year, submit copies of all DE9C payroll reports you filed with the EDD this year. If you did not pay wages during either period, check NA.
- ☐ *NA*
- ☐ *Submitted* **Verification of New Goods and Services:** If you did not identify any new goods and services in Section III, check NA. Otherwise, provide copies of invoices with proof of payment and/or contracts signed by your clients as evidence of your ability to provide the new goods and services for which you seeks to be certified. Provide one sample for each new category identified in Section III.
- ☐ *NA*

Verification of Average Gross Receipts:

To determine your average gross receipts for the last three years, submit the following documents.

Sole Proprietorships:

- ☐ *Submitted* Three most recently filed personal federal income tax returns. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any.*
- ☐ *NA*

All other Business Types:

- ☐ *Submitted* (1) Three most recently filed federal income tax returns for your *business*. *Submit only the first page (Form 1120, 1120S or 1065), Schedule E, depreciation schedules, and K-1 Schedules, if any.*
- ☐ *NA*

AND

- ☐ *Submitted* (2) Three most recently filed personal federal income tax returns for each owner identified in Section II. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any.*
- ☐ *NA*

We reserve the right to request additional information and/or documents once we have reviewed your application and accompanying documents.

SECTION V: AFFIDAVIT

The undersigned owner/principal identified in Section II declares and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit the audits and examination of the books, record and files of the named firm to verify the information submitted in this application. Any material misrepresentation will be grounds for initiating criminal and civil actions under federal, state and local laws and for terminating any contract awarded pursuant to this Certification.

Full Name

Signature

Date

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

Contract Monitoring Division

Attn. Certification Unit

30 Van Ness Avenue, Suite 200

San Francisco, CA 94102-6020

For more information, visit www.sfgov.org/cmd or call (415) 581-2310.