



**THE CITY OF SAN DIEGO**

# **SMALL LOCAL BUSINESS ENTERPRISE PROGRAM**

## **APPLICATION**

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**Submit Applications to:  
City of San Diego  
SLBE Program Certification  
202 C Street, Mail Station 9A  
San Diego, CA 92101  
Questions regarding application status: (619) 235-5295  
Questions regarding application: (619) 236-6297**

**APPLICATION**

This application and associated documents are not public records, subject to the Public Records Act, and are not open for public inspection. All information provided will be kept confidential to the extent permitted by law.



Are you bidding on a City project? Date of bid: \_\_\_\_\_  
 Project Title and Bid Date: \_\_\_\_\_

<b>Ownership Type</b> check all that apply  <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, S-Corp, LLC		<b>Please check current certifications, if any, held by your Business and submit copy of certification(s)</b>  <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> UDBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Micro		<b>Date &amp; Time Received by Equal Opportunity Contracting (For Equal Opportunity use only)</b>
				Received Date  Approval Date  Expiration Date

**If your business is a State Certified DVBE or Micro-business, please provide documents for items A thru M only in the section below. Protégés in the City's Mentor Protégé Program - submit a copy of participant agreement and items G, K, and L only**

	Sole Proprietor	Partnership	Corp/S/LLC	Required Copies of Documents
A	X	X	X	Rental Agreement for office space/home (Cover page and signature page of agreement)
B	X	X	X	Rent receipt or cancelled check (if owned; property tax or deed showing ownership)
C	X	X	X	City of San Diego Business Tax Certificate
D	X	X	X	Resume of Key owners(s) management
E	X	X	X	Appropriate License Number and Classification (i.e., Contractor, Architect, Engineer, etc.)
F	X	X	X	TRUCKERS ONLY: Current DMV Vehicle Registration, Motor Carrier Permit, rental agreement for the local parking site
G	X	X	X	Employer Identification Number
H	X	X	X	Current Payroll Tax records for ALL offices
I	X	X	X	DE-9 quarterly State wage and withholding report.
J			X	Corporate License, including date approved by California Secretary of State
K	X	X	X	Three local contracts outlining the scope of work for which certification is being requested, if more than one scope of work, submit additional contracts. Provide cover page, scope of work, and signature pages only.
L	X	X	X	Current certifications, (i.e. DBE, DVBE, MBE, WBE, UDBE,) and passport, driver's license, or birth certificate (only one of these is necessary).
M	X	X	X	Bond letter stating limits for single project and aggregate program (for Public Works contracts only)
N	X			3 Most Recent Federal Income Tax (1040) including Schedule C & SE
O		X		3 Most Recent Federal Income Tax (1065) including Schedule K-1
P			X	3 Most Recent Federal Income Tax Returns 1120(s), Schedule E, 4562, 1099 W-2s of owners

1. Name of Company, including DBAs(Doing Business As): \_\_\_\_\_

2. Principal Place of Business (Street Address): \_\_\_\_\_  
 EIN: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Owner's Name(s): \_\_\_\_\_

May 24, 2012

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5. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Date Business was established in San Diego: \_\_\_\_\_

7. Is the business address a residence?  Yes  No If your answer to question 7 is Yes, is there another office located outside of the residence?  Yes  No

If Yes, please indicate City and State: \_\_\_\_\_

***This question is not applicable to State Certified DVBE and Micro Businesses.***

8. Does any owner have an interest in any other business?  Yes  No

If yes, please identify all businesses and submit 3 most recent tax returns for each business.

***This question is not applicable to State Certified DVBE and Micro Businesses.***

9. Does any owner's spouse/domestic partner have interest in any other business?  Yes  No

If yes, please identify all businesses and submit 3 most recent tax returns for each business.

10. Are any owner(s) also employees of the City of San Diego?  Yes  No

If yes, in what capacity? \_\_\_\_\_

11. Indicate the nature of the firm's business and NAICS Codes _____	Construction <input type="checkbox"/>	General Services <input type="checkbox"/>	Professional Services <input type="checkbox"/>	Supplier <input type="checkbox"/>
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12. Indicate name of license holder, type of license, and license number.

\_\_\_\_\_  
\_\_\_\_\_

13. Work Description: Briefly describe the type of services and/or products your firm provides.

\_\_\_\_\_  
\_\_\_\_\_

14. Truckers: List the types of trucks and trailers your company owns or lease.

\_\_\_\_\_  
\_\_\_\_\_

15. Suppliers must submit: a) authorized letters from all manufacturers; and b) a current copy of inventory list. This list will be verified at time of site visit



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*Date*

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*Signature*

May 24, 2012

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