

THE CITY OF SAN DIEGO

# SMALL LOCAL BUSINESS ENTERPRISE PROGRAM

## **RENEWAL** APPLICATION

Submit Applications to: City of San Diego SLBE Program Certification 1200 Third Avenue, Suite 200, Mail Station 56P San Diego, CA 92101 Questions regarding application or status: (619) 236-6058

#### 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.



Ownership Type check all that apply			Please check current certifications, if any, held by your Business and submit copy of certification(s)				
Sole Proprietor			DB	E DVBE Micro ELBE			
Partnership							
Corporation, S-Corp, LLC				BE MBE WBE SLBE			
	If your business is a State Certified DVBE or Micro-business, please provide documents for items A thru I only in the section below. Protégés in the City's Mentor Protégé Program - submit a copy of participant agreement and item H only						
	Sole Proprietor	Partnership	Corp/S/LLC				
Α	X	Х	Х	Rental Agreement for office space/home (Cover page and signature page of agreement)			
В	х	х	х	Most recent rent receipt or cancelled check (if owned; property tax or deed showing ownership)			
С	Х	Х	Х	Current City of San Diego Business Tax Certificate			
D	Х	Х	Х	Appropriate current License Number and Classification (i.e., Contractor, Architect, Engineer, etc.)			
Е	Х	Х	Х	TRUCKERS ONLY: Current DMV Vehicle Registration, Motor Carrier Permit, rental agreement for the local parking site			
F	Х	Х	Х	Current Payroll records for ALL offices including employees' addresses			
G	Х	Х	Х	Current DE-9 quarterly State wage and withholding report			
Н	х	х	Х	Current certifications, ( <i>i.e.</i> DBE, DVBE, MBE, WBE, UDBE,)			
I	Х	Х	Х	Current bond letter stating limits for single project and aggregate program (for Public Works contracts only)			
J	Х			3 Most Recent Federal Income Tax (1040) including Schedule C & SE			
K		Х		3 Most Recent Federal Income Tax (1065) including Schedule K-1			
L			Х	3 Most Recent Federal Income Tax Returns 1120(s), Schedule E, 4562, 1099 W-2s of owners			
1. Nar	me of Company, incl	uding DBAs(Doir	g Business As):				
2. Prir	ncipal Place of Busin	ess (Street Add	ress/City/State/Z	Zip):			
3. Mai	iling Address (if diffe	rent):					
4. Ow	ner's Name(s):						
5. Telephone: Fax:			Cell: E-mail:				
6. 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.							
7. 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.							

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8. 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.				
9. Are any owner(s) also employees of the City of San Diego?  Yes No				

If yes, in what capacity?

10. Indicate the nature of the firm's business and NAICS	Construction	General Services	Professional Services	Supplier
Codes				

11. Indicate name of license holder, type of license, and license number.

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

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

14. In the past two years, has there been any change in ownership?. Yes No If yes, please complete the followin
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Name	Race/Ethnicity	Gender	Percentage of Ownership

15. List the last three new projects completed by the company. If fewer than three projects have been completed in the last two years, please provide an explanation on a separate page.

Project Name, Owner/Prime	Total Dollar Amount of Contract	Date Completed//

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- 16. Total Number of owners
   (a) Total number of owner(s) who live in the San Diego City and County

   (b) Total number of owner(s) who live outside of San Diego City and County
- 17. Total number of employees:
   (a) Total number of employees who live in the San Diego City and County

   b) Total number of employees who live outside of San Diego City and County
- Enter total annual payroll amount for the Business: \$\_\_\_\_\_
   Enter total annual payroll amount for San Diego City and County Office: \$\_\_\_\_\_

### AFFIDAVIT

The undersigned declares and swears under penalty of perjury that the foregoing statements are true, correct, and complete and accurately explain the operations of (name of firm):

Additionally, the undersigned agrees, during the term of this certification, to immediately notify the City of San Diego when changes in the information provided on this application occur.

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 projects; the payment thereof; and proposed changes, if any, of the foregoing arrangements. The undersigned agrees to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal, state, or local laws concerning false statements.

Name of Firm (print)

Name and Title (print)

Date

Signature