

**LIVING WAGE ORDINANCE SELF-ATTESTATION**  
**BUSINESS OPERATING AS A SOLE PROPRIETORSHIP**

**COMPANY INFORMATION**

Company Name:

Company Address:

Company Contact Name:

Contact Phone:

**CONTRACT INFORMATION**

Contract Number (if no number, state location):

Start Date:

Contract Title (or  
description:

End Date:

Purpose/Service Provided:

**REQUESTED EXEMPTION**

**Business operating as sole proprietorship with no employees** and will not utilize subcontractors. [SDMC §22.4215 (c)(1)]- This business certifies that they are a sole proprietor with no employees in the current or preceding calendar year and will perform the City of San Diego's contract services under this exemption category.

**CONTRACTOR CERTIFICATION**

By signing, the contractor certifies under penalty of perjury under laws of the State of California that the statements above are true and correct to the best of the contractor's knowledge.

Name of Signatory

Title of Signatory

Signature

Date

**Applicability of the Living Wage Ordinance:** The City of San Diego Living Wage Program may complete at random audits to review for compliance, including conducting periodic reviews of appropriate records maintained by covered employers to verify compliance and to investigate claimed violations.

**FOR OFFICIAL CITY USE ONLY**

LWO Analyst:

Date: