

**CITY OF PENSACOLA FLORIDA
SMALL BUSINESS**

The policy of the City of Pensacola, Florida is to create economic opportunities for certified local area small business enterprises by establishing a program providing for the encouragement of such enterprises to compete for contracts and subcontracts for goods, services and construction purchased by and for the City of Pensacola, Florida. It is further the policy of the City of Pensacola, Florida, to ensure that all segments of the community, including minority-owned and women-owned business establishments, have an effective opportunity to participate in the city's purchasing program.

Generally a Small Business is defined as an independently owned and operated business employing 50 or fewer permanent full-time employees and having a net worth of not more than \$1 million. The business must be located in the geographic area served by the 325 zip code prefix.



APPLICATION FOR SMALL BUSINESS ENTERPRISE CERTIFICATION

| | |
|-------------------------------------|----------------------|
| Name of Business _____ | |
| Address of Business _____ | |
| Mailing Address _____ | |
| Business Telephone _____ | Business Fax _____ |
| Date Business was established _____ | Contact Person _____ |
| E-mail Address _____ | |

LICENSE:

Please attach a copy of all licenses required by the City of Pensacola and Escambia County indicating the name in which the license is issued and license number.

Attach a copy of one of the following documents for each owner of the business:

| | | |
|--|--------------------------------------|---|
| <input type="radio"/> Voter Registration | <input type="radio"/> Driver License | <input type="radio"/> other documentation which substantiates the claim of being domiciled in the 325 zip code area |
|--|--------------------------------------|---|

Specify the type of ownership by checking one of the following:

| | | | |
|-----------------------------------|-----------------------------------|---|-----------------------------|
| <input type="radio"/> Corporation | <input type="radio"/> Partnership | <input type="radio"/> Sole Proprietorship | <input type="radio"/> Other |
|-----------------------------------|-----------------------------------|---|-----------------------------|

IF A CORPORATION:

1. Specify the number of shares authorized to be issued and the number of shares issued to date.
2. Attach a copy of the articles of incorporation and all amendments.

IF A PARTNERSHIP:

Specify the names of each partner.

IF A SOLE PROPRIETORSHIP:

Attach a recent personal financial statement reflecting ownership of personal assets and liabilities or a signed statement of personal net worth.

GENERAL:

1. Attach a copy of any affidavit of intent to use fictitious name.
2. Specify the company's annual gross receipts for the past year.
Year ending _____ Dollar amount _____
3. Attach the most recent balance sheet.
4. State the number of current full-time permanent employees. _____
5. Attach a copy for each of the following, (if applicable) to substantiate a useful business function.
 Executed purchase orders Executed invoices Receipts to customers

Some City projects include federal funding. These projects have goals for either Disadvantage Business Enterprise (DBE) or Minority and Woman Business Enterprise (M/WBE). If your firm qualifies and you wish to participate, please indicate status by circling the appropriate category.

- | | | |
|--|---|---|
| <input type="radio"/> MH Black American | <input type="radio"/> MK Native American | <input type="radio"/> MN Physically Disabled American |
| <input type="radio"/> MI Hispanic American | <input type="radio"/> ML Native Hawaiian American | |
| <input type="radio"/> MJ Asian American | <input type="radio"/> MM American Woman | |

Please return to:

City of Pensacola, Purchasing, PO Box 12910, Pensacola, FL, 32521-0062

Telephone: (850) 435-1835, Fax: 435-1700, www.cityofpensacola.com

INSTRUCTIONS--PLEASE COMPLETE THIS FINANCIAL STATEMENT. IF YOU HAVE A FINANCIAL STATEMENT PROVIDED BY YOUR ACCOUNTING SERVICE, PLEASE SUBMIT IT IN PLACE OF THIS FORM.

COMPANY NAME

Date _____

ASSETS

1 Cash ----- \$ _____

2 Accounts Receivable ----- \$ _____

3 Notes Receivable ----- \$ _____

4 Inventories ----- \$ _____

5 Land/Buildings ----- \$ _____

6 Equipment ----- \$ _____

7 Other ----- \$ _____

8 TOTAL ASSETS (ADD LINES 1 THROUGH 7)----- \$ _____

LIABILITIES

9 Accounts Payable ----- \$ _____

10 Salaries Payable ----- \$ _____

11 Notes Payable ----- \$ _____

12 Other Liabilities ----- \$ _____

13 TOTAL LIABILITIES (ADD LINES 9 THROUGH 12) ----- \$ _____

14 OWNERS/SHAREHOLDERS EQUITY (SUBTRACT LINE 13 FROM LINE 8)----- \$ _____

TOTAL LIABILITIES & OWNERS/SHAREHOLDERS EQUITY (ADD LINE 13 AND LINE 14)----- \$ _____

Signed _____

Printed Name _____