

**Minority/Woman/Disabled Business
Enterprise CERTIFICATION AFFIDAVIT**

CITY OF PHILADELPHIA
OFFICE OF ECONOMIC OPPORTUNITY
MUNICIPAL SERVICES BUILDING
1401 JFK BOULEVARD, SUITE #330

I. GENERAL INFORMATION

BUSINESS NAME		BUSINESS TELEPHONE NO. (Include Area Code) ()	
BUSINESS ADDRESS		FAX TELEPHONE NO. (Include Area Code) ()	
CITY	STATE	ZIP CODE	
HOME ADDRESS (If Different from Business)		HOME TELEPHONE NO. (Include Area Code) ()	
BUSINESS CONTACT PERSON (Name)		TITLE	
PRIMARY PRODUCT OR SERVICE		E-MAIL ADDRESS*	
<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident Alien	Federal No. [If no Federal ID No. – Soc. Sec. No.] _____	
APPLYING FOR CERTIFICATION AS: (One or More Designations May Apply)			
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Woman Business Enterprise (WBE)	<input type="checkbox"/> Disabled Business Enterprise (DSBE)	

II. OWNERSHIP

COMPANY PRESIDENT/CHIEF EXECUTIVE OFFICER/OWNER

BUSINESS ACQUISITION	<input type="checkbox"/> Self Start-Up	<input type="checkbox"/> Franchise	<input type="checkbox"/> Merger or Consolidation	DATE BUSINESS ESTABLISHED ___/___/___
	<input type="checkbox"/> Bought Existing Business	<input type="checkbox"/> Inherited Business	<input type="checkbox"/> Other, explain	

BUSINESS STRUCTURE

SOLE PROPRIETORSHIP CORPORATION LIMITED LIABILITY COMPANY PARTNERSHIP

Name, Position, Ethnicity & Gender of All Owners/Principals with Respective Ownership Interest (Use Separate Sheet If Necessary)

NAME	POSITION	ETHNIC GROUP	GENDER	% OWNED	U.S. CITIZENSHIP

Do any of the individuals, identified above, own or work for any other firm or firms) that have a relationship with Applicant firm (share office space, financial investment, equipment leases, personnel sharing, ownership interest, etc.)

YES NO If yes, identify for each on separate sheet their name, title and nature of business relationship.

Do any family relationships exist between owners/principals and other business employees? If yes, please identify and state the nature of the relationship (example: Wife/Husband, Father/Daughter, Mother/Son, etc).

NAME	RELATIONSHIP
_____	_____
_____	_____

*If you are applying for Disabled status, provide copy of signed copies of physician disability diagnosis and record of impairment establishing eligibility under a state vocational rehabilitation program. **REVISED 08.14.2009**

III. CONTROL

Identify Bank of Record for Business – Attach Copy of Bank Authorized Signature Card or Letter

Identify The Management Personnel Responsible for Each Area:

	NAME	POSITION	ETHNICITY / GENDER
FINANCIAL DECISIONS			
ESTIMATING / BIDDING			
NEGOTIATING AND CONTRACT EXECUTION			
HIRING / FIRING PERSONNEL			
FIELD OEPRATIONS			
OFFICE MANAGEMENT			
MARKETING / SALES			
PURCHASING OF MAJOR EQUIPMENT			
CHECK SIGNATURE AUTHORITY			
FINANCIAL TRANSACTIONS			

Do any of the individuals, identified above, perform a Management or Supervisory function for any other business? If yes, identify for each on a separate sheet of paper, their title, company name and function. YES NO

Salaries - Identify All Salaries, Compensation or Remuneration Paid to All Officers, Managers, Owners and/or Board of Directors

NAME	TITLE	FORM AMOUNT OF COMPENSATION

IV. OTHER REQUIRED INFORMATION – ATTACH DOCUMENT(S) ADDRESSING EACH OF THE FOLLOWING

FOR ALL BUSINESSES:

- Resumes for All Owners, Principals, Officers, Partners, Management Personnel
- Personal Tax Returns for Past Three (3) Consecutive Years w/ W-2s
- Business Tax Returns for previous year and current year with All Schedules Identify and Describe all Capital Investments
- Identify and Describe all Current Business Loans
- List All Applicable Licenses/Permits, if applicable, held by Owner and/or Employees
- Equipment List, and Inventory for Suppliers, if applicable
- Payroll Summary for last quarter
- Bank Statements for last 2 months
- Philadelphia Business Privilege License

FOR CORPORATIONS/LIMITED LIABILITY COMPANIES/PARTNERSHIPS:

- Articles of Incorporation
- By-Laws with Amendments
- Partnership Agreement
- Number of Shares of All Classes of Stock Issued
- Outstanding Stock in the Case of a Corporation
- Both Sides of All Corporate Stock Certificates
- Firm's Stock Transfer Ledger
- Shareholder's Agreement, if applicable
- Official Certificate of Formation and Operating Agreement with Amendments for LLCs

V. CERTIFICATION AFFIDAVIT

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT OR OMISSION TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL,, STATE AND LOCAL LAW [including without limitation 18 PA. C.S. §4107.2 and 18 PA. C.S. §4903.

I _____ (Full Name Printed), Affirm under Penalty of Law that I am _____ (Title) of Applicant Firm _____ (Firm Name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

I understand and recognize that the information submitted in this application is for the purposes of ascertaining certification approval by the OFFICE OF ECONOMIC OPPORTUNITY (OEO) I understand that the OEO may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity, individual, company, person(s) identified in the application, credit agencies, contractors, clients, etc. and other certifying agencies for the purpose of verifying the information supplied and determining the applicant's eligibility.

I, specifically, agree to allow the OEO to examine and review company books, records, documents, and files, in whatever form they exist, for the applicant firm and its affiliates, inspection of its place(s) of business and equipment and to permit interviews of its principals, agents and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I declare under penalty of law that the information provided in this application and supporting documents is true and correct.

Executed on: _____
Date

Signature: _____
[Owner, President, Member, Partner, Majority Owner(s)]

NOTARY CERTIFICATE

State of _____

County of _____

On this _____ day of _____, 20 ____, before _____, appeared _____, the undersigned officer, personally in the foregoing affidavit and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.



In witness whereof, I hereto set my hand and Official Seal.

Notary Public

Please Note: According to the Pennsylvania Association of Notaries (PAN) it is a conflict of interest for anyone to act as a notary who has a direct interest in the document which is to be notarized.