



Alachua County Equal Opportunity Office

Application for SMALL BUSINESS CERTIFICATION

**Headquarters must be located in SBE Zone:
Alachua, Bradford, Clay, Columbia, Gilchrist, Levy, Marion, Putnam or Union**

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS OF BUSINESS: _____

(City, State, Zip Code)

PHYSICAL ADDRESS OF BUSINESS: _____

(City, State, Zip Code)

COUNTY (Headquarters): _____

BUSINESS TELEPHONE: _____
(Area Code, Number)

FAX: _____
(Area Code, Number)

NAME OF OWNER: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

Note: *If any of the requested information is omitted, your application may be disapproved.*

1. Attach a **Notarized Balance Sheet (Assets, Liabilities and Equity)** that states the figures contained in the report are true and accurate for the past year. **If in business for less than six (6) months and not based on acquisition of an existing business**, a current bank statement of the business is acceptable. (*Business must have net worth of \$1 million or less*).
2. **Number of current full-time permanent employees** _____ (*Maximum of 25*)

R/07/16

3. On an attached sheet of paper **give the name and length of service for each current full-time permanent employee.**

4. **Attach a copy of one of the following tax documents:**
 - a. The most current Florida Quarterly Unemployment Report.
 - b. The most current Federal Annual Unemployment Report.
 - c. The most current Tax Form (e.g. 1040 Schedule C Profit & Loss or 1120S S-Corporation).

5. Is the company licensed (or do you have a permit or certificate) to do business in Florida?
 No ____ Yes ____ License Number _____

6. How long has company been in business: _____

7. * Is the company a minority-owned business? ____ Yes ____ No
 (* This information is used for federal and internal reporting only. It does not affect eligibility).

8. **Notarization**

The information contained in this application is true and accurate for the past year.

 (Signature of **Owner**) (Date)

**STATE OF FLORIDA
 COUNTY OF ALACHUA**

The foregoing instrument was acknowledged before me this ____ day of _____, ____
 (Month) (Year)
 by _____ as _____ of _____
 (Name of applicant) (Title) (Business)

 (Signature of Notary Public-State of Florida) (Commission Stamp)
 Personally Known _____ or Produced Identification _____
 (Type of Identification Produced)

Return to: Alachua County Equal Opportunity Office, 12 SE 1st Street, 1st Floor, Gainesville, FL 32601