



**CITY OF PENSACOLA FLORIDA
SMALL BUSINESS ENTERPRISE PROGRAM**

The policy of the City of Pensacola, Florida is to create economic opportunities for certified local area small business enterprises by providing encouragement to such enterprises in competition 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 to ensure that all segments of the community, including minority-owned and woman-owned businesses, have an effective opportunity to participate in the city's purchasing program.

A Small Business is defined as an independently owned and operated business located in Escambia or Santa Rosa County, with a net worth of not more than \$1 million, and employing 50 or fewer permanent full-time employees.

APPLICATION FOR SMALL BUSINESS ENTERPRISE CERTIFICATION

Name of Business: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Business established: _____ Contact Person: _____

Business Telephone: _____ Business Fax: _____

E-mail Address: _____

Is your firm registered with the State of Florida (www.sunbiz.org)? Yes _____ No _____
(In order for the City to execute a contract with a firm, it must be registered.)

LICENSE: Attach a copy of each/all license(s) required by the City of Pensacola, and Escambia or Santa Rosa County, indicating the name in which the license is issued and license number.

Tax Identification: Attach the current W-9 for your firm (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>).
(Due to the potential for external electronic interference, your Social Security number may be at risk if sent via email. For your security, returning this application via fax, mail or hand-delivery might be preferable.)

Attach a copy of **one** of these documents for **each owner**: **voter registration** or **driver license**.

Specify the type of business by **circling** one of the following:

Corporation LLC Partnership Sole Proprietorship Other

IF A CORPORATION: Attach a copy of the articles of incorporation and all amendments.

Shares authorized to be issued: _____ Shares issued to date: _____

IF AN LLC: Attach a copy of the articles of organization and all amendments.

IF A PARTNERSHIP: Specify the names of each partner.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

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. Number of current full-time permanent employees: _____
- 2. Attach a copy of any affidavit of intent to use fictitious name (www.sunbiz.org).
- 3. Attach the most recent balance sheet. (If none available, use attached form.)
- 4. Attach **one** copy of any of the following (if applicable) to substantiate a useful business function.

Executed purchase order Executed invoice Receipt to customer



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

- MH Black American MI Hispanic American MJ Asian American**
- MK Native American ML Native Hawaiian American MM American Woman**
- MN Physically Disabled American**



Please return to:
 City of Pensacola Purchasing
 PO Box 12910, Pensacola, FL, 32521-0062
 City Hall, 6th floor, 222 West Main Street, Pensacola, FL 32502
 Telephone: (850) 435-1835 Fax: 435-1700 purchasing@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)-- \$ _____

I hereby certify that the information above is true and accurate.

Signed _____

Printed Name _____