



## 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*)

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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 by means of ☐ physical presence or ☐ online notarization 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 1<sup>st</sup> Street, 1<sup>st</sup> Floor, Gainesville, FL 32601 or  
 Email to: [jflynt@alachuacounty.us](mailto:jflynt@alachuacounty.us)**