



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 \$5 million or less*).
2. **Number of current full-time permanent employees** _____ (*Maximum of 25*)

**Return to: Alachua County Equal Opportunity Office, 12 SE 1st Street, 1st Floor, Gainesville, FL 32601 or
Email to: jflynt@alachuacounty.us**

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. How long has company been in business: _____

6. *Does the business have a net worth greater than \$1million? ___Yes ___No

7. * Do you have Commercial General Liability Insurance for your small business? ___Yes ___No

8. * Is the company a minority-owned business? _____Yes _____No
 (* This information is used for internal reporting only. It does not affect eligibility).

9. 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 _____

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 or
 Email to: jflynt@alachuacounty.us**

Alachua County Board of County Commissioners Insurance Requirements for ALL vendors

INSURANCE: Vendor shall maintain insurance acceptable to the County in full force and in effect throughout the term of this Order. County reserves the right to terminate the Order if Vendor fails to supply and/or maintain the required coverage.

COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGES:

a. The Alachua County Board of County Commissioners, its officials, employees, and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired, or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees, and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees, or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

All Coverages:

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contract is renewed) or prior.

Subcontractors:

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.