

IMPORTANT INFORMATION

This application is required for certification with the City of Jacksonville utilizing the above numbered Ordinance enacted on August 10, 2004.

This application is to be completed by: (i) businesses applying for initial JSEB certification; (ii) businesses that have had changes in the ownership, control or independence of the business since last certified by the City of Jacksonville; (iii) businesses that have renewed their original application through submitting an affidavit for continuing eligibility four times; or (iv) businesses that have allowed their certification to expire or that have otherwise been de-certified or denied re-certification.

Please Be Advised that under Florida's Public Record's Laws any information sent to the City of Jacksonville is considered a public record and is subject to disclosure under these laws, except for statutorily express exemptions. Any information deemed confidential and exempt from this law will be redacted.

INSTRUCTIONS FOR COMPLETING

1. Prior to submission of the application, the business must register with the City's online procurement system. Go to www.coj.net/jaxpro and follow the registration procedures completely.
2. Submit the original application in ink or typewritten.
3. Answer every question completely. Additional responses may be attached. Indicate questions which do not apply to the applicant's business with "N/A."
4. Provide all documents requested simultaneously with the submission of the application.
5. The owner must sign the application and have it notarized. The Notary Public cannot be a relative of the owner or an owner, officer or director of the business.
6. Failure to complete the application as instructed will delay processing and may result in denial of JSEB certification.
7. An "Owners Net Worth" statement must be submitted for each qualifying owner, and must be notarized.
8. When filling out the optional Race/Gender Self – Classification form, please note the form must be completed and signed for each qualifying owner. This form is for internal demographic purposes only.
9. Certified JSEBs must provide written notification to the Jacksonville Small and Emerging Business Office (JSEB) of any changes, such as changes in business name, address, ownership, control, residency, licensure, or conflicts of interest, within 10 business days after the change.
10. Per enacting legislation, all certified JSEBs must meet educational requirements in order to remain in the program. You will be contacted upon approval of your application to schedule an orientation, at which time you will learn about conducting business with the city, educational requirements, and any other pertinent information.

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

City of Jacksonville (FL) **Jacksonville Small Emerging Business (JSEB) CERTIFICATION**

SUPPORTING DOCUMENTS NEEDED – checklist

Sole Proprietor	Partnership	Limited Liability Company	Corporation	√ info included or N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • EVERY space on the application must be completely filled out (or use N/A); then must be notarized on the specified pages. • Owners Net Worth forms for ALL owners; signed and then the document(s) must be notarized. • The MBE status form is OPTIONAL & is for INTERNAL USE ONLY. This information is for internal data collection purposes only. • Copies of the following documents are required when submitting your application:
S	P	L	C	<input type="checkbox"/> 1. IRS form W-9 completed (use firm Tax ID number ONLY) and signed
S	P	L	C	<input type="checkbox"/> 2. Driver's License (preferred) or state issued photo ID for ALL owners
S	P	L	C	<input type="checkbox"/> 3. Proof of citizenship for ALL owners: Birth Certificate, Voter's Registration Card, Permanent Resident Alien Status, Passport, or Naturalization Papers
S	P	L	C	<input type="checkbox"/> 4. Proof of Race and/or Gender for ALL owners: Voters Card, Birth Certificate, or Tribal Registration – for internal use only
S	P	L	C	<input type="checkbox"/> 5. Proof of residency for ALL owners: Homestead Exemption, Ad Valorem tax notification OR for non-homeowners a "Domicile Document" available at their county courthouse
S	P	L	C	<input type="checkbox"/> 6. Last three years of complete Personal Federal Tax Returns (1040) for ALL owners
S	P	L	C	<input type="checkbox"/> 7. Current Business Tax Receipt; plus other counties issued
S	P	L	C	<input type="checkbox"/> 8. Current Professional and Special License(s) are REQUIRED for qualifying owners
S	P	L	C	<input type="checkbox"/> 9. Dept. of Business & Professional Regulation "Certificate of License Status" form
S	P	L	C	<input type="checkbox"/> 10. Resume for all owners: to include education, employment history, training, experience, day-to-day duties and appropriate business skills
S	P	L	C	<input type="checkbox"/> 11. Copies of other current minority, woman or small business enterprise certification letters
S	P	L	C	<input type="checkbox"/> 12. Last three years of complete company federal tax returns (include affiliates)
S	P	L	C	<input type="checkbox"/> 13. Last three years of financial statements (aka: book value) prepared by independent CPA or accountant
S	P	L	C	<input type="checkbox"/> 14. Company check writing "signature" card (obtained from company's bank)
S	P	L	C	<input type="checkbox"/> 15. Company "Line of Credit" bank documents
S	P	L	C	<input type="checkbox"/> 16. List of assets, equipment, inventory and approximate value, owned by firm
S	P	L	C	<input type="checkbox"/> 17. Proof of capital investment for assets, equipment and/or inventory which may include purchase of a business. Include receipts or have the list notarized.
S	P	L	C	<input type="checkbox"/> 18. Equipment purchase or rental agreements
S	P	L	C	<input type="checkbox"/> 19. Building / office lease / rental agreement for business site (if applicable)
S	P	L	C	<input type="checkbox"/> 20. Receipt for lease / rental payment for business site (latest month only)

S	P	L	C		
				<input type="checkbox"/>	21. Promissory notes (and satisfaction documents) for the firm
				<input type="checkbox"/>	22. Supplier/Distributor agreements
				<input type="checkbox"/>	23. Current Florida Department of Revenue Forms DR-11 and DR-13
				<input type="checkbox"/>	24. Franchise agreements
				<input type="checkbox"/>	25. Names of two business client references
				<input type="checkbox"/>	26. Three executed contracts, purchase orders or relevant invoices
				<input type="checkbox"/>	27. Employment agreements
				<input type="checkbox"/>	28. Third party agreements
				<input type="checkbox"/>	29. Current insurance and / or bonding certification
				<input type="checkbox"/>	30. State issued business certificate
				<input type="checkbox"/>	31. Articles of Incorporation from State of Florida or (other) and any amendments
				<input type="checkbox"/>	32. Corporation bylaws and any amendments
				<input type="checkbox"/>	33. Stock (unit) certificates: required if more than one owner; optional for Limited Liability Company
				<input type="checkbox"/>	34. Proof of stock (unit) purchase (if issued): cancelled check, etc.
				<input type="checkbox"/>	35. Stock (unit) Transfer Log (if stock is issued)
				<input type="checkbox"/>	36. Stockholder agreements
				<input type="checkbox"/>	37. Organizational meeting of the corporation minutes
				<input type="checkbox"/>	38. Annual stockholder / director meeting minutes (at least two years, if available)
				<input type="checkbox"/>	39. Articles of Organization from State of Florida
				<input type="checkbox"/>	40. Operating agreement with partnership agreement and buy out rights
				<input type="checkbox"/>	41. Profit sharing agreements and any amendments
				<input type="checkbox"/>	42. Fictitious Name Certificate from State of Florida (unless your first and last name are used in the company name)
				<input type="checkbox"/>	43. List other relevant documents:

CITY OF JACKSONVILLE

**CITY OF JACKSONVILLE (FL)
SMALL & EMERGING BUSINESS OFFICE
FINANCE & ADMINISTRATION DEPT. / PROCUREMENT DIVISION
Certification Application
214 N. Hogan Street, 8th FL Jacksonville, FL 32202
(904) 255-8840**

Complete name of business: _____

Address of business: _____

Business's tax ID number: _____

Telephone number: _____

Fax number: _____

Cell number: _____

Company website: _____

Date established _____

(month)

(day)

(year)

Owner's name: _____

Title: _____

Address of owner: _____

Email address: _____

1. Type of business:

☐
☐
☐
☐
☐

Corporation / S Corp
Partnership
Limited Liability Company
Sole Proprietorship
Joint Venture

2. List any previous names of the business and their Tax ID numbers:

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

3. List ALL commodities provided by the business, listing PRIMARY services FIRST.
Commodity codes can be found on www.coj.net/jaxpro

Code	Description	Code	Description

4. List all licenses (or collectively held "licenses") required to legally perform all work and/or services listed herein?

License	Name of License Holder	Expiration
<i>Business Tax Receipt</i>		

5. Number of employees: ☐ self only or ☐ self plus: full-time _____; part-time _____

6. Geographical areas the business has served and is currently serving:

States: _____

Florida counties: _____

7. Has the business filed bankruptcy within the past seven years? ☐ Yes ☐ No

If "yes," attach documentation of the current status of the proceedings.

8. The business has _____ Shares of Stock at \$_____ Par Value.

9. Identify all owners of the business:

NAME	RACE	GENDER	YEARS OF OWNERSHIP	% OWNED	VOTING %	ANNUAL COMPENSATION

10. Identify each officer of the business:

TITLE	NAME	ALSO EMPLOYED BY
PRESIDENT		
VICE-PRES.		
SECRETARY		
TREASURER		
DIRECTOR		

11. Are any current owners, officers, directors, management officials, or employees related to, or have they previously been owners, officers, directors, management officials, or employees of any business with whom you transact business or rely upon for financial or technical assistance?

☐ Yes ☐ No

If yes, list the business(s) and explain the relationship:

12. Identify those individuals who make and have control of the following management and policy decisions on a **DAY-TO-DAY** basis:

Responsibility	Name	Title
Policy Making		
Financial Decisions		
Personnel Decisions		
Signs Payroll		
Contractual Decisions		
Signs for Surety Bonds and Insurance		

13. To participate in the JSEB program, the annual gross receipts of the applicant business and its "affiliates" must be below limits established by Jacksonville Ordinance. The following questions, as well as the criteria found in CFR Part 121, will be used to determine if your business has any affiliates:

a. Does the owner(s) having control of the applicant business own, control or have the power to control 51 percent or more of the voting stock of another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do the bylaws of the applicant business allow a stockholder with less than 51 percent of the voting stock (who is also the controlling owner of another business) to block any action taken by other stockholders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the owner(s) having control of the applicant business have the ability to control another business through stock options, articles of incorporation, bylaws, voting trusts, convertible debentures, agreements to merge, or other third party agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do other individuals or businesses have the ability to control the applicant business for the same reasons as listed in the proceeding question?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the applicant business share common officers, directors, or key employees / managers with any other business, such that either business has the ability to control the board of directors and / or management of the other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the applicant business dependent upon another business for contracts, financial, or other business assistance; or is any other business dependent upon the applicant business for the same reason(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does the owner(s) having control of the applicant business have a family member who has a controlling interest in another business and the two businesses share employees, facilities, officers, directors, owners or engage in inter-business transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. If any item in question 13 is answered YES, an affiliate relationship exists. List the parties / companies involved and explain the relationships between the applicant and affiliate businesses.

15. List the GROSS RECEIPTS (as shown on your business tax forms) of the applicant business (and all affiliates identified in question 15) for the past three years.

	(A) APPLICANT BUSINESS	(B) AFFILIATE'S NAME:	(C) AFFILIATE'S NAME:
(1) YEAR ENDING 20____	\$_____	\$_____	\$_____
(2) YEAR ENDING 20____	\$_____	\$_____	\$_____
(3) YEAR ENDING 20____	\$_____	\$_____	\$_____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

16. Specify the applicant business' bonding company and limits (if applicable):

\$ _____

17. Source of *Letters of Credit* for the firm (if any); and the company checking account institution.

18. To ensure your ability to perform the services listed herein, identify AT LEAST FOUR of the largest projects in dollar amount, executed (signed) by the applicant business during the last two years. Attach copies of relevant pages from contracts for each project identified to indicate the contract/project number, price, scope of work and parties / signatories (if you utilize invoices, please supply them).

AMOUNT	SCOPE OF WORK	DATE	CITY/STATE	CONTRACTOR

19. Provide the following information on work completed or underway for the City of Jacksonville within the last three years.

PRIME	PROJECT NAME, NO., or BRIEF DESCRIPTION	AMOUNT	DATE

20. Is your business currently certified as a minority, woman or small business enterprise certification letters or otherwise designated minority or small business program with another governmental agency. If yes, please attach a copy of certificates.

☐ Yes ☐ No

21. Has your business ever been denied certification as a minority, woman or small business enterprise certification letters or otherwise designated minority or small business program? If yes, explain when, with what agency and the reason(s) your business was denied. (Please attach copy of denial letter.)

☐ Yes ☐ No

22. Is your business a supplier or distributor?
 Does your business stock the items sold?
 Do you have a warehouse?
 Is your business?

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

☐ Wholesale
☐ Retail
☐ Broker
☐ Other
(explain) _____

Average dollar value of inventory \$ _____

Supplier/Distributor see JSEB Certification item 23 on checklist

23. Are there any written, oral or tacit agreements concerning the ownership, control or financial operations of the applicant business?

☐ Yes ☐ No

If yes, explain and attach copies of all such agreements.

AFFIDAVIT AND AUTHORIZATION

The undersigned swears that the initial and any supplemental information, statements and documents provided are: (i) provided in an effort to induce the grant of JSEB and/or MBE certification with the City of Jacksonville; and (i) true and correct and include all material information necessary to identify and explain the operations of the undersigned's business, as well as the ownership thereof. Subsequent to receiving certification as a JSEB, the undersigned agrees to abide by all applicable federal, state and local laws, statutes, ordinances, rules and regulations, to abide by the requirements contained herein and to provide to the City of Jacksonville current, complete and accurate information regarding actual work performed on any City of Jacksonville project, the payment therefore and any proposed changes, if any, and to permit the audit and examination of books, records and files of the undersigned business upon the City of Jacksonville's reasonable notice and/or request for the same.

The undersigned hereby authorize(s) and request(s) any person, business or corporation to furnish any pertinent information requested by the City of Jacksonville deemed necessary to verify the statement made in this application or regarding the ability, standing and general reputation of the applicant.

I understand according to § 337.135, F.S., as may be amended from time to time, it is unlawful for any individual to fraudulently represent an entity as a small or socially and economically disadvantaged business enterprise for the purposes of qualifying for certification designed to assist small or socially and economically disadvantaged business enterprises in the receipt of contracts for the provision of goods and services. Any person who violated this section is guilty of a felony of the second degree, punishable in §§ 775.082, 775.083, or 775.084, F.S., as may be amended from time to time.

Furthermore, I understand that I may not:

- (a) Fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain small or socially disadvantaged business enterprise certification.
- (b) Violate the requirements of the City of Jacksonville Ordinance Code, particularly Chapter 126, or willfully make a false statement, whether by affidavit, report, or other representation for any purpose, particularly for the purpose of securing a contract for the provision of goods and services, or of influencing the certification or denial of certification of any entity as a small or socially disadvantaged business enterprise; or
- (c) Willfully obstruct, impede, or attempt to obstruct or impede the investigation of the qualifications of a business entity that has requested certification as a small or socially disadvantaged business enterprise.

Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of action under Federal, state or local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

Applicants Signature

County of _____

Sworn to and subscribed before me this _____ day of ___, 20___ by
_____(Name of affiant). He / She is personally known to me
or has produced _____(type of identification) as identification.

(Notary's printed name)

Commission expires

(Notary's Signature)

Information provided to the COJ for JSEB Program

City of Jacksonville (FL)
DEPARTMENT OF FINANCE AND ADMINISTRATION
PROCUREMENT DIVISION
JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)

Ordinance 2004 – 602 E

OWNERS NET WORTH

Complete this form for: (1) each general partner whose combined interest totals 51% or more; or (2) each stockholder making up 51% or more of voting stock.

Applicant Name: _____ Cell Phone: _____

Residence Address: _____ Residence Phone: _____

City, State and Zip Code: _____

Business Name: _____ Business Phone: _____

PERSONAL FINANCIAL STATEMENT As of _____, 20____

ASSETS		TOTAL LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks and others (describe in section 1)	\$
IRA or other retirement account	\$	Unpaid / overdue taxes (describe in section 5)	\$
Accounts and notes receivable	\$	Installment account current balance (other)	\$
Life insurance - cash surrender value only (complete section 7)	\$	Loans against life insurance	\$
Stocks and bonds (describe in sec. 2)	\$		
Real estate OTHER THAN primary residence (describe in section 3)	\$	Total mortgages on OTHER real estate (describe in section 3)	\$
Automobile(s) - present value	\$	Auto loan current balance	\$
Other personal property and assets (describe in section 4)	\$	Other liabilities (describe in section 6)	\$
Business value and assets or "Book Value"	\$		
Total Assets	\$	Total Liabilities	\$

NET WORTH (Total Assets minus Total Liabilities) = \$ _____

Source of Income		Contingent Liabilities	
Salary	\$	As endorser or co-maker	\$
Net investment income	\$	Legal claims and judgments	\$
Real estate income	\$	Provision for federal income tax	\$
Other income	\$	Other special debt	\$

DETAILS OF PREVIOUS PAGE

Section 1. Notes Payable to Bank / Others		
Name and Address of Note holder(s)	Original Balance	Current Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Section 2. Stocks and Bonds		
Number of Shares	Name of Securities	Total Value
		\$
		\$
		\$
		\$
		\$

Section 3. Real Estate Owned (List each parcel separately.)			
	Property A	Property B	Property C
Type of property			
Address			
Date purchased			
Original cost	\$	\$	\$
Present market value	\$	\$	\$
Mortgage balance	\$	\$	\$

Section 4. Other Personal Property and Other Assets - Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and describe if delinquent.

Section 5. Unpaid Taxes - Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.

Section 6. Other Liabilities - Describe in detail.

Section 7. Life Insurance Held - Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

I authorize the City of Jacksonville to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the JSEB Program at the City of Jacksonville. PROVIDE COPIES OF YOUR IRS FORM 1040 FOR THE LAST THREE YEARS TO SUPPORT THIS STATEMENT. These statements are true and correct to the best of my belief.			
SIGNATURE:	TITLE:	SSN (Last 4 Digits):	DATE:

AFFIDAVIT

Owners Net Worth Statement

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JSEB and/or MBE certification with the COJ; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

Signature of Applicant

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____

by _____ (Name of affiant). He / She is personally

known to me or has produced _____ (type of identification)

as

identification.

(Notary's printed name)

Commission Expiration

(Notary's Signature)

Information provided to the COJ for JSEB Program

**TO BE COMPLETED ONLY IF BUSINESS WISHES TO SELF-CLASSIFY
INFORMATION IS FOR INTERNAL USE ONLY**

Business Name: _____

Owner: _____

RACE/GENDER SELF-CLASSIFICATION (optional)

This form is for the self-classification of a business owner and will be used for internal classification and data collection purposes only.

I acknowledge that the information listed below is accurate and true to the best of my knowledge.

SIGNATURE:

TITLE:

1. Specify the total percentage of business ownership possessed by the following groups (include minority females within the minority groups):

<input type="checkbox"/>	African American	_____ %
<input type="checkbox"/>	Asian American	_____ %
<input type="checkbox"/>	Hispanic American	_____ %
<input type="checkbox"/>	Native American	_____ %
<input type="checkbox"/>	Non-Minority Women	_____ %

2. If the female / minority groups referenced in the preceding question own equal shares of the business, circle one group to designate the business' classification for participation with MBE status in the City of Jacksonville's Small and Emerging Business:

<input type="checkbox"/>	African American
<input type="checkbox"/>	Asian American
<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Non-Minority Women

The groups listed above consist of those individuals who are citizens of the United States or lawfully admitted permanent residents, who meet the following criteria:

- a. Blacks / African-Americans: Persons having origins in any of the Black Racial Groups of Africa;
- b. Hispanic-Americans: Persons of Mexican, Puerto Rican, Cuban, Dominican, Central and South American or other Spanish or Portuguese culture or origin, regardless of race;
- c. Native-Americans: which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;
- d. Asian-Americans: (persons whose origins are in any of the original peoples of the Far East, Southeast Asia, the islands of the Pacific or Northern Marianas, or the Indian Sub-Continent.
- e. Women.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



JACKSONVILLE SMALL AND EMERGING BUSINESS

The Jacksonville Small and Emerging Business (JSEB) program was created to help small businesses compete, not just for city contracts, but ANY contract.

**FOR MORE INFORMATION
ON BECOMING A JSEB VISIT
WWW.JSEB.COJ.NET**



Ed Ball Building | 214 N Hogan St., Suite 800 | Jacksonville, FL 32202



Phone: (904) 255-8620 | Email: jseb@coj.net



www.jseb.coj.net

You may be eligible for the City of Jacksonville JSEB Program if the individual business owner meets the following criteria:

- Qualifying owner(s) must reside currently in Duval County for a minimum twelve consecutive month period immediately preceding JSEB application date: or have an established business headquartered for a minimum of three years in Duval County, and reside in Duval, St. Johns, Nassau, Baker, or Clay County for one year total within the five county area.
- Qualifying owner(s) must have a personal net worth of \$1,325,000 or less, excluding personal residence.
- Annual gross receipts, averaged over the immediately preceding three-year period, do not exceed \$12,000,000.
- The qualifying owner(s) must control 51% of the business entity being certified.
- The business must be a for-profit business, not a front, a broker or a pass-through.

**FOR MORE INFORMATION
ON BECOMING A JSEB VISIT
WWW.JSEB.COJ.NET**

**City of Jacksonville
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