



**Jacksonville Small & Emerging Business
Continuing Eligibility
RE-CERTIFICATION AFFIDAVIT**

This affidavit is executed under penalty of perjury of the laws of the United States and State of Florida.

Complete name of business: _____

Address of business: _____

Owner name: _____

Phone number: _____ Number of employees: _____

Number of contracts with the city in the past year: Prime or Sub-contractor _____

Owners email: _____

The following must be included with this Affidavit:

- A copy of the firm's current Business Tax Receipt obtained through Tax Collector's Office
- A complete copy of the firm's most recent tax return and financial report
- A copy of the owners professional license(s) (if applicable)
- A copy of the certificate for current year continuing education requirement. **Course must be attended by majority JSEB Owner.**
- The attached complete and notarized, owner's net worth for each qualifying owner(s). (Owner's Net Worth excludes your personal residence and includes the book value of the JSEB firm).
- A complete copy of their most recent personal 1040 Tax Return;
- If there has been a change in ownership this past year, you must file a new application**

Identify all owners of the business: if more than four owners list on additional sheet

NAME	YEARS OF OWNERSHIP	% OWNED

I understand that any material misrepresentation will be grounds for de-certification and for initiation of actions under State law(s) regarding the making of false statements. I certify that there has been no material changes in the information provided with this firm's most recent complete application for JSEB certification, except those heretofore conveyed, in writing to the City of Jacksonville.

Corporate Seal:

JSEB Owner's Signature

JSEB Owner's Printed Name

STATE OF FLORIDA, COUNTY OF DUVAL

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)

City of Jacksonville (FL)
JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)

Ordinance 2021 – 117 E

BUSINESS NET WORTH

Complete this form for Business being Certified:			
Applicant Name:		Cell Phone:	
Residence Address:		Residence Phone:	
City, State and Zip Code:			
Business Name:		Business Phone:	
BUSINESS FINANCIAL STATEMENT As of _____, 20____			
CURRENT ASSETS	(Omit Cents)	TOTAL LIABILITIES	(Omit Cents)
Accounts and notes receivable	\$	Accounts Notes payable to banks and others (describe in section 1)	\$
Intangible Assets; Copyrights, Patents & Trademark	\$	Unpaid / overdue taxes (describe in section 5)	\$
Other Property Owned by the Business i.e. Office Furniture, Computers, Machinery equipment etc. Value (describe in sec. 2)	\$	Business Loans	\$
Non-operating assets, i.e. land, interest income, investments. Stocks and Bonds (describe in sec. 3)	\$	Fringe Benefits	\$
Real estate Value (Owned by the Business)	\$	Total OTHER real estate Mortgage (describe in section 3)	\$
Company Automobile(s) - present value	\$	Company Auto loan current Balance	\$
Other property and assets	\$		\$
Business value – net worth of business times percent ownership*	\$	Other liabilities (describe in section 6)	\$
Total Assets	\$	Total Liabilities	\$
NET WORTH (Total Assets minus Total Liabilities) = \$ _____			

*For example: If my company is worth \$100,000, and I own 51% of the business, the business value is \$51,000.
(\$100,000 X 0.51 = \$51,000)

DETAILS OF PREVIOUS PAGE

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

Section 2. In this description, assets include buildings, office furniture, machines, computers and other equipment that has value. (Attached an additional page if needed)		
Quantity	Description	Total Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Section 3. A company's non-operating assets may be unused land, spare equipment, investment securities, and so on. Income from non-operating assets contributes to the non-operating income of a company.(Attached an additional page if needed)

Quantity	Description	Total Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Section 4. 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 5. 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 6. Other Liabilities (Describe in detail.)

<p>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.</p> <p style="text-align: center;">PROVIDE A COPY OF BUSINESS FEDERAL TAX RETURN FOR THE YEAR TO SUPPORT THIS STATEMENT.</p> <p style="text-align: center;">These statements are true and correct to the best of my belief.</p>			
SIGNATURE:	TITLE:	Complete EIN:	DATE:

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 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