

School District of Osceola County Small Business Certification Application

Section 1: GENERAL INFORMATION

A. Contact Information

(1) Contact person and title:		(2) Legal name of firm:	
(3) Phone #:	(4) Other phone #:	(5) Fax #:	
(6) E-mail:		(7) Website:	
(8) Street address of firm (No P.O. Box):			
(9) Mailing address of firm:			

B. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any)	
(3) NAICS/NIGP codes:			
(4) This firm was established on: ____/____/____		(5) Is your firm a "for profit" organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(6) Method of Acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain) _____			
(7) Type of firm (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____			
(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____			
(9) Number of employees: Full-time _____ Part-time _____ Total _____			

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities equipment, or office staff, with any other business, organization, or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities: _____	
(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) owned any percentage of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (*attach extra sheets, if needed*):

<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		

Section 2: OWNERSHIP

Owner 1

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>):		

B. Ownership Interest

(1) Date this owner acquired ownership interest: ___/___/_____
(2) Percentage owned:
(3) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____

Owner 2

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>):		

B. Ownership Interest

(1) Date this owner acquired ownership interest: ___/___/_____
(2) Percentage owned:
(3) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____

Owner 3

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>):		

B. Ownership Interest

(1) Date this owner acquired ownership interest: ____/____/____
(2) Percentage owned:
(3) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____

Section 3: CONTROL

A. Identify your firm’s management personnel who control your firm in the following areas (if more than two persons, attach a separate sheet):

	Name	Title
(1) Financial Decisions	a.	
	b.	
(2) Estimating and bidding	a.	
	b.	
(3) Negotiating and Contract Execution	a.	
	b.	
(4) Hiring/firing of management personnel	a.	
	b.	
(5) Field/Production Operations Supervisor	a.	
	b.	
(6) Office Management	a.	
	b.	
(7) Marketing/Sales	a.	
	b.	
(8) Purchasing of major equipment	a.	
	b.	
(9) Authorized to Sign Company Checks (for any purpose)	a.	
	b.	
(10) Authorized to Make Financial Transactions	a.	
	b.	

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each:

Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (*e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*)?
 Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

Section 4: GROSS REVENUES

Specify the gross receipts of the firm for the last 3 years as shown in your 3 latest Federal Income Tax returns (if the applicant has not filed Federal Income Tax returns for any of the 3 years immediately preceding this Application, then the Applicant must submit a financial statement certified by a CPA for such year):

Year _____	Gross Receipts \$ _____
Year _____	Gross Receipts \$ _____
Year _____	Gross Receipts \$ _____