



## SECTION I: BUSINESS INFORMATION

Business Name:

Primary Place of  
Business:

Address

City

State

Zip Code

Check all that apply: ☐ Home Office

☐ Own

☐ Lease

Mailing Address:

☐ Same as Above

Address

City

State

Zip Code

Contact  
Information:

Phone

Fax

Cell

Email

Website

Federal Employer  
ID Number (FEIN):

City Vendor Number:

☐ No FEIN

☐ No Vendor Number

Business Type:

☐ Sole Proprietorship

☐ Partnership

☐ LLC

☐ Corporation (Including S-Corps)

Sample Format: 111 Street, City, State 95030 (Equipment Storage)

Additional Locations, if any:

(e.g., satellite offices, storage  
units, warehouses, etc.)

Truckers/Haulers:

Indicate where you park your  
vehicle(s).

## SECTION II: OWNERSHIP & EMPLOYEE DATA

				For Tracking Purposes Only.			
Owners/Shareholders (First and Last Name)	Ownership %	Professional and/or Contractor License(s) if any	Are you a full-time employee of the City & County of San Francisco (Y/N)	Ethnicity	Female (optional) (Y/N)	LGBT (optional) (Y/N)	Disabled Veteran (optional) (Y/N)

Total Number of All Employees	Last Year	Current Year
Total Number of <u>ALL</u> Employees		

Total Number of Field Employees	Last Year	Current Year
Total Number of <u>field</u> Employees		

# ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE

Prospective bidders shall complete all applicable questions below. In the case of Joint Ventures, the requirements of Part I, II, III apply to each Joint Venture partner individually.

## A. Organizational Structure

### For Firms That Are Corporations:

Date incorporated: \_\_\_\_\_

Under the laws of what state: \_\_\_\_\_

Provide all the following information for each person who is either **(a)** an officer of the corporation (president, vice president, secretary, treasurer), or **(b)** the owner of at least ten percent of the corporation's stock.

Name	Position	Years with Company	Ownership %

Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**Note: For this question, "owner" and "partner" refer to ownership of ten percent or more of the business, or ten percent or more of its stock, if the business is a corporation.**

Person's Name	Construction Firm	Dates of Person's Participation with Firm

### For Firms That Are Partnerships:

Date incorporated: \_\_\_\_\_

Under the laws of what state: \_\_\_\_\_

Provide all the following information for each partner who owns ten percent or more of the firm.

Name	Position	Years with Company	Ownership %

Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**Note: For this question, "owner" and "partner" refer to ownership of ten percent or more of the business, or ten percent or more of its stock, if the business is a corporation.**

Person's Name	Construction Firm	Dates of Person's Participation with Firm

**For Firms That Are Sole Proprietorships:**

Date of commencement of business: \_\_\_\_\_

Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**Note: For this question, "owner" and "partner" refer to ownership of ten percent or more of the business, or ten percent or more of its stock, if the business is a corporation.**

Person's Name	Construction Firm	Dates of Person's Participation with Firm

**B. History of the Business, Organizational Performance and Financial Information**

1. Has there been any change in ownership of the firm at any time during the last five years?

☐ Yes ☐ No

If "yes," please explain below:

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2. How many years has your organization been in business in California, as a Contractor, under your present business name and license number? \_\_\_\_\_ Years

3. Has any owner, partner or (for corporation) officer of your firm operated a construction firm under any other name in the last five years?

☐ Yes ☐ No

If "yes," please explain below:

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## SECTION III: GOODS AND SERVICES

Identify any **NEW** goods and services, if any, for which you are seeking certification.

For a list of goods and services eligible for LBE certification, go to:

<http://sfqsa.org/modules/showdocument.aspx?documentid=12820>

[Please Note: LBE/PUC program allows certification under Construction and Construction related Supplies and Equipment and Professional Services only.]

## SECTION IV: REQUIRED SUPPORTING DOCUMENTS

**Submit All Required Documents with Your Application**

*(Be Sure to Complete the Document Checklist Provided Below)*

- ☐ Submitted **Verification of New Primary Place of Business:** If your primary place of business has not changed since your last review, check NA. Otherwise, provide a copy of your lease or other written agreement with proof of recent rent payment for your primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).
- ☐ NA
- ☐ Submitted **Verification of New Additional Locations:** If your additional locations have not changed since your last review, check NA. Otherwise, provide a copy of your lease or other written agreement with proof of recent rent payment for each additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).
- ☐ NA
- ☐ Submitted **Six months of Continuous Operations:** Provide a copy of your current business license issued by the locality in which your primary place of business is located. ***If license was issued less than six months ago, also provide a copy of your most recently expired business license.***
- ☐ NA
- Truckers/Haulers: Truckers do no need to submit a San Francisco Business License.** Provide copies of (1) your DMV Motor Carrier Permit and (2) proof of ownership for each vehicle in your fleet (e.g., vehicle registration or title).
- ☐ Submitted **Verification of New Business Type:** If your business type has not changed since your last certification, check NA. Otherwise, see below.
- ☐ NA
- Sole Proprietorships:** Check NA  
**Partnerships:** Provide a copy of your partnership agreement. If you do not have one, check NA.  
**Corporations (including S-Corps):** Provide a copy of your Articles of Incorporation.  
**LLCs:** Provide a copy of your Articles of Organization.
- ☐ Submitted **Verification of New Ownership Percentages:** Provide proof of ownership percentages for each owner/principle identified in Section II (e.g., up-to-date stock transfer ledger, most recent K-1 Schedules, etc.).
- ☐ NA
- Sole Proprietorships:** Check NA.
- ☐ Submitted **Woman of Minority Owned Businesses:** If the owners have not changed since your last review, check NA. Otherwise, for each new owner/principle which you identified as Female or an Ethnic Minority in Section II, provide proof of gender or nationality (e.g., passport, driver's license, birth certificate, etc.).
- ☐ NA
- ☐ Submitted **LGBT Owned Businesses:** If owners/principals are identified as LGBT in Section II, provide proof of LGBTBE certification with the National Gay and Lesbian Chamber of Commerce.
- ☐ NA
- ☐ Submitted **Disabled Veteran Owned Businesses:** If owners/principals are identified as Disabled Veteran in Section II, provide proof of DVBE certification with the State of California Department of General Services.
- ☐ NA

☐ *Submitted*     **Verification of Employee Data (1):** Provide a copy of your most recently filed annual W-3 Transmittal of Wage and Tax Statement filed with the Social Security Administration. If you did not pay wages last year, check NA.

☐ *Submitted*     **Verification of Employee Data (2):** Provide copies of all quarterly DE9C payroll reports you filed with the CA Employment Development Department last year. If you did not pay wages last year, submit copies of all DE9C payroll reports you filed with the EDD this year. If you did not pay wages during either period, check NA.

☐ *Submitted*     **Verification of Goods and Services:** If you did not identify any new goods and services in Section III, check NA. Otherwise, provide copies of invoices with proof of payment and/or contracts signed by your clients as evidence of your ability to provide and goods and services for which you seeks to be certified. Provide **three** examples for **each** category identified in Section III.

☐ *NA*

**Verification of Average Gross Receipts:**

To determine your average gross receipts for the last three years, submit the following documents.

**Sole Proprietorships:**

☐ *Submitted*     **Three** most recently filed personal federal income tax returns. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any*

☐ *NA*

**All other Business Types:**

☐ *Submitted*     (1) **Three** most recently filed federal income tax returns for your business. *Submit only the first page (Form 1120, 1120S or 1065), Schedule E, depreciation schedules, and K-1 Schedules, if any.*

☐ *NA*

**AND**

☐ *Submitted*     (2) **Three** most recently filed personal federal income tax returns for **each owner** identified in Section II. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any.*

☐ *NA*

*We reserve the right to request additional information and/or documents once we have reviewed your application and accompany documents.*

## SECTION V: AFFIDAVIT

The undersigned owner/principal identified in Section II declared and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit the audits and examination of the books, records and files of the named firm to verify the information submitted in this application. Any material misrepresentation will be grounds for initiating criminal and civil actions under federal, state and local laws and for terminating any contract awarded pursuant to this Certification.

Full Name

Signature

Date

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

Contract Monitoring Division  
Attn. Certification Unit  
30 Van Ness Avenue, Suite 200  
San Francisco, CA 94102-6020

For more information, visit [www.sfgov.org/cmd](http://www.sfgov.org/cmd) or call (415) 581-2310