



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):

☐ No FEIN

City Vendor Number:

☐ No Vendor Number

San Francisco Green Business? ☐ Yes ☐ No

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)

Owners/Shareholders	
How many of the owners/shareholders identified in the table above generally work from your San Francisco location(s)?	
How many of the owners/shareholders identified in the table above generally work from your <u>non</u> -San Francisco location(s)?	
How many of the owners/shareholders identified in the table above split their time between your San Francisco <u>and non</u> -San Francisco location(s)?	
What percentage of time do the owners/shareholders identified in the table above spend working from your San Francisco location?	
Are any of the owners identified in the table above full-time employees for another business? If yes, please clarify: _____	

Employees	
How many employees does your company have?	
How many of your employees are <u>non-field</u> employees? These are employees that generally perform most of their duties at your place of business rather than at your clients' offices of at a job site.	
a. How many of these non-field employees generally work from your San Francisco location(s)?	
b. How many of these non-field employees generally work from your <u>non</u> -San Francisco location(s)?	
c. How many of these non-field employees split their time between your San Francisco <u>and non</u> -SF location(s)?	

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 you provide and 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>

[Sample Format: CN031 – General Building Contracting (B)]

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:

☐ NA

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).

☐ Submitted

Verification of New Additional Locations:

☐ NA

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)

Truckers/Haulers: If you park your vehicle(s) on the street, check NA.

☐ Submitted

Six months of Continuous Operations: Provide a copy of your current San Francisco Business License. *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 not 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:

☐ NA

If your business type has not changed since your last review, check NA. Otherwise, see below with regard to your new business type.

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: If ownership percentages have not changed since your last review, check NA. Otherwise, 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.

☐ 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.).

☐ 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* **Recognized Green Businesses:** If your firm is a recognized San Francisco Green Business, as indicated in Section I, provide a copy of your Green Business Program Recognition Certificate.
- ☐ *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.
- ☐ *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.
- ☐ *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*
- ☐ *Submitted* **Verification of Average Gross Receipts:** To determine your average gross receipts for the last three years, submit the following documents.
- ☐ *NA*

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* **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* **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 or call (415) 581-2310