



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: Address

Same as Above

City State Zip Code

Contact Name:

Contact Information: Phone Fax

Cell Email

Federal Employer ID Number (FEIN): No FEIN

Business Type: Trust Association
 Corporation

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: BOARD OF DIRECTORS & EMPLOYEE DATA

Board of Directors (First and Last Name)	Term	Place of Residence	Are you a Full-time employee of the City & County of San Francisco (Y/N)

SECTION III: REQUIRED SUPPORTING DOCUMENTS

Submit All Required Documents with Your Application
(Be Sure to Complete the Document Checklist Provided Below)

Submitted **Verification of Primary Place of Business:** 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).
 NA

Submitted **Verification of Additional Locations:** 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).
 NA

Truckers/Haulers: Provide lease and proof of recent payment of the lease.

Submitted **Verification of Non-Profit Status:**
 NA (1) IRS determination letter confirming 501(c)(3) exemption status and
(2) Most recently filed California Attorney General Registration Renewal Fee Form (RRF-1) found at http://www.ag.ca.gov/charities/forms/charitable/rrf1_form.pdf.

Submitted **Verification of Business Type:**
 NA **Corporations:** Articles of Incorporation
Association: Articles of Association
Trusts: Trust Indenture

- 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:** Provide copies of invoices and/or contracts signed by your clients as evidence of your ability to provide the goods and services for which you seek to be certified. Provide (three) samples for each category identified in Section III.
- NA
- Submitted **Verification of Average Gross Receipts:** To determine your average gross receipts for the last five years, submit:
- NA

(1) Federal Tax Returns:

(a) Five most recently filed Federal Form 990 (Federal Income Tax Returns for Organizations Exempt From Income Tax)

or

(b) Five most recently filed Form 990-N or Form 990EZ (Federal forms for *eligible* non-profit organizations with less than \$25,000 in gross receipts)

(2) State Tax Returns

- AND -

(a) Five most recently filed Form 199 (California Exempt Organization Annual Information Return)

or

(b) Five most recently filed Form 109 (California Exempt Organization Business Income Tax Return)

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

SECTION IV: GOODS AND SERVICES

List below the goods and services for which you are seeking certification. For recertification, only list categories you would like to add. For the list of the specific goods and services eligible for LBE certification, go to: <https://sfgov.org/cmd/categories>.

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

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SECTION V: AFFIDAVIT

The undersigned declares and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit 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 LBECERT@SFGOV.ORG OR MAIL TO:

Contract Monitoring Division
 Attn. Certification Unit
 1155 Market Street, 4th Floor
 San Francisco, CA 94103-1523

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