

# INSTRUCTIONS FOR COMPLETING APPLICATION

This application is required for certification with the Jacksonville Aviation Authority's Small Business Enterprise Program.

1. The application shall be completely filled out by typing or clearly printing the required information in ink and submitting the application to the JAA DBE Program Administrator.
2. Every question shall be answered completely. Additional responses may be attached.
3. All documents requested shall be provided simultaneously with the submission of the application.
4. The application shall be signed by the owner and notarized by a Notary Public. The Notary **cannot** be a relative of the owner or an owner, officer or director of the business seeking certification.
5. Complete and submit with the application an "Owners Net Worth" statement for each qualifying owner, and have the same notarized.

Send your application to:

Jacksonville Aviation Authority  
DBE Program Administrator  
14201 Pecan Road  
Jacksonville, FL 32218

## Jacksonville Aviation Authority Small Business Enterprise Certification

### SUPPORTING DOCUMENTS NEEDED - checklist

You are required to provide the following when submitting your application.

√	S	P	L	C	√ = info included or N/A S = Sole Proprietor   P = Partnership   L = Limited Liability Company   C = Corporation
	S	P	L	C	1- EVERY space on the application completely filled out (or use N/A); then must be Notarized
	S	P	L	C	2- North American Industry Classification System (NAICS) code(s) entered
	S	P	L	C	3- IRS form W – 9 completed (use firm Tax ID number ONLY) and signed
	S	P	L	C	4- Proof of citizenship for ALL owners: Social Security Card, Permanent Resident Alien Status, Passport, or Naturalization Papers
	S	P	L	C	5- State issued Photo ID for ALL owners: Drivers License (preferred)
	S	P	L	C	7- Proof of Residency for ALL owners: Homestead Exemption, Ad Valorem tax notification OR for non-homeowners a “Domicile Document” available at their county courthouse
	S	P	L	C	8- Owners Net Worth form for ALL owners; signed and then the document is to be Notarized
	S	P	L	C	9- Resume for each Owner, to include: education, past employment (with dates) starting with your current company, be sure to include your Training, Experience and day-to-day Duties and Control with the current commodity as well as appropriate Business skills.
	S	P	L	C	10- Current Occupational License(s) for business home County; plus other counties issued
	S	P	L	C	11- Current Professional and Special License(s) are REQUIRED for qualifying owners
		P	L	C	14- State issued Business Certificate
				C	15- Articles of Incorporation from State of Florida or (other) and any amendments
				C	16- Corporation Bylaws and any amendments
			L	C	17- Stock (unit) Certificates: required if more than one owner; optional for Limited Liability Company
			L	C	18- Proof of Stock (unit) Purchase (if issued): cancelled check, etc.
			L	C	19- Stock (unit) Transfer Log (if stock is issued)
			L	C	20- Organizational Meeting of the Corporation Minutes
			L	C	21- Annual Stockholder / Director Meeting Minutes (at least two years, if available)
		P			25- Partnership Agreement and any amendments
		P			26- Buy Out Rights and any amendments
		P			27- Profit Sharing Agreements and any amendments
	S	P			28- Fictitious Name Certificate from State of Florida (unless your first and last name is used in the Company name)
	S	P	L	C	29- Last Three years complete Corporate Federal Tax Returns (include affiliates)
	S	P	L	C	31- Last Three years complete Personal Federal Tax Returns (1040) for ALL owners
	S	P	L	C	32- Last Three years taxes from State in which they originated business

	S	P	L	C	33- Distributor Agreements
	S	P	L	C	34- Franchise Agreements
	S	P	L	C	34- Company "Line of Credit" bank documents
	S	P	L	C	35- Company check writing "signature" card
	S	P	L	C	37- Proof of Capital Investment for Assets, Equipment, Inventory (above) which may include purchase of a business. Include receipts or have the list Notarized.
	S	P	L	C	38- Equipment purchase or rental agreements
	S	P	L	C	39- Building / Office lease / rental agreement for business site (if applicable)
	S	P	L	C	40- Receipt for lease / rental payment for business site (latest month only)
	S	P	L	C	41- Names of two business client references
	S	P	L	C	43- State employment tax returns and employee wage list by name, OR = last nine months of year payroll records, all employees by name
	S	P	L	C	44- Loan agreements with non-financial lending institutions
	S	P	L	C	45- Promissory Notes (and satisfaction documents) for the firm
	S	P	L	C	46- Employment Agreements
	S	P	L	C	47- Stockholder Agreements
	S	P	L	C	48- Third Party Agreements

**JACKSONVILLE AVIATION AUTHORITY**  
**SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION**

Date of Application: \_\_\_\_\_

1. Complete name of business: \_\_\_\_\_

2. Owner's name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Date business was established: \_\_\_\_\_

4. Address of business: home \_\_\_\_ or office \_\_\_\_  
\_\_\_\_\_  
(No. and street) (County) (City) (State and Zip Code)

5. Mailing address (if different):  
\_\_\_\_\_  
(No. and street) (City) (State and Zip Code)

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6. Business phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

7. Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

8. Business Tax ID number: \_\_\_\_\_  
(F-EIN or SSN – **list one number only**)

9. Type of Business Structure: **(please check one)**:  
Corporation \_\_\_\_ Sole Proprietorship \_\_\_\_ S Corp \_\_\_\_ Joint Venture \_\_\_\_  
Limited Liability Company \_\_\_\_ S Corp \_\_\_\_

10. Geographical areas the business has served and is currently serving:  
States: \_\_\_\_\_

Florida counties: \_\_\_\_\_

11. List ALL the services provided by the business, listing PRIMARY service FIRST (examples include: tree trimming, general construction, architect, training, janitorial landscaping...etc) and appropriate NAICS codes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAICS	Primary code	2 <sup>nd</sup> code	3 <sup>rd</sup> code	4 <sup>th</sup> code

For other or more specific business classifications, the current federal SBA NAICS size standards shall be utilized:  
<http://www.sba.gov/size/sizetable2002.html>

12. Does your business possess all professional, occupational and state licenses, certifications and/or registrations required to legally perform all work and/or services listed herein? Yes \_\_\_ or No \_\_\_

13. Identify all owners of the business:

Name	Years of ownership	Percentage owned	Voting Percent	Annual Salary

14. Identify those individuals who make and have control of the following management and policy decisions on a Day-to-Day basis:

Policy Making	Name
Financial decisions	Name
Personnel decisions	Name
Signs Payroll	Name
Contract decisions	Name
Signs for surety bonds and insurance	Name

15. List the GROSS Receipts (as shown on your business tax forms) of the applicant business for the past three years:

(1) Year ending 20__	
(2) Year ending 20__	
(3) Year ending 20__	

16. Are there any written, oral or tacit agreements concerning the ownership, control or financial operations of the applicant business? Yes \_\_\_ No \_\_\_ If yes, explain and attach copies of all such agreements.

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## 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 granting of SBE certification with the Jacksonville Aviation Authority (JAA); and (ii) 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 SBE 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 JAA current, complete and accurate information regarding actual work performed on any JAA 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 JAA 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 JAA 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 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 \$S 775.082, 775.083, or 775,084, F.S., as may be amended from time to time.

Futhermore, 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 JAA SBE program 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.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Print Applicant's Name

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Print Applicant's Name

Corporate Seal:

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.

State of \_\_\_\_\_  
Notary's printed Name                      My commission expires    Notary's Signature

**THE JACKSONVILLE AVIATION AUTHORITY  
SMALL BUSINESS ENTERPRISE**

**OWNERS PERSONAL NET WORTH**

Complete this form for: (1) each general partner whose combined interest totals 51% or more;  
or (2) each stockholder making up 51% or more of voting stock.

Applicant Name

Cell Phone

Residence Address

Residence Phone

City, State and Zip Code

Business Name

Business Phone

**PERSONAL FINANCIAL STATEMENT** As of \_\_\_\_\_, 20\_\_\_\_

ASSETS		TOTAL LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in Banks	\$_____	Accounts Payable	\$_____
Savings Accounts	\$_____	Notes Payable to Banks and Others (Describe in Section 1)	\$_____
IRA or Other Retirement Account	\$_____	Unpaid / Overdue Taxes (Describe in Section 5)	\$_____
Accounts and Notes Receivable	\$_____	Installment Account (Other)	\$_____
Life Insurance - Cash Surrender Value Only (Complete Section 7)	\$_____	Loans against Life Insurance Cash Surrender Value	\$_____
Stocks and Bonds (Describe in Sec. 2)	\$_____		\$_____
Real Estate OTHER THAN Primary Residence (Describe in Section 3)	\$_____	Total Mortgages on OTHER Real Estate (Describe in Section 3)	\$_____
Automobile(s) - Present Value	\$_____	Installment Account = Auto	\$_____
Other Personal Property and Assets... (Describe in Section 4)	\$_____	Other Liabilities (Describe in Section 6)	\$_____
Business Value and Assets or "Book Value" (Describe in Section 4)	\$_____		
<b>Total Assets</b>	<b>\$_____</b>	<b>Total Liabilities</b>	<b>\$_____</b>

**NET WORTH (Total Assets minus Total Liabilities) = \$ \_\_\_\_\_**

Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims and Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____

**DETAILS OF PREVIOUS PAGE**

**Section 1. Notes Payable to Bank / Others**

(Each Attachment must be identified as a part of this statement and signed.)

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed - Type of Collateral

**Section 2. Stocks and Bonds**

(Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation / Exchange	Date of Quotation/Exchange	Total Value



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**Section 3. Real Estate Owned**  
(List each parcel separately. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account No.			
Mortgage Balance			
Payment per Month			
Status of Mortgage			

**Section 4. Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and describe if delinquent.)

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

**Section 7. Life Insurance Held** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize the Jacksonville Aviation Authority to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the SBE Program at the Jacksonville Aviation Authority.

**PROVIDE COPIES OF YOUR 1040 FOR THE LAST THREE YEARS TO SUPPORT THIS STATEMENT.**

These statements are true and correct to the best of my belief.

<b>SIGNATURE:</b>	TITLE:	SSN:	DATE:
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AFFIDAVIT

Owners Net Worth statement.

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JAA SBE certification with the Jacksonville Aviation Authority; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

STATE OF \_\_\_\_\_

\_\_\_\_\_

Print Applicant's Name

COUNTY OF \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Corporate Seal:

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.

State of \_\_\_\_\_

(Notary's printed name)      My commission expires      (Notary's Signature)