



City of Tacoma
 Community & Economic Development
 Office of Small Business Enterprise
 747 Market Street, Room 900
 Tacoma, WA 98402
 Telephone (253) 591-5075

SMALL BUSINESS ENTERPRISE RECERTIFICATION APPLICATION

PLEASE REVIEW THE PERSONAL NETWORTH REQUIREMENT PRIOR TO COMPLETING THIS FORM

1. Date Business Started: _____
2. City of Tacoma Business License Number: _____
3. Contractor/Unified Business Identification Number (s): _____
 License No.: _____
 UBI No.: _____
4. Federal Tax Identification Number: _____
5. Legal Business Name: _____
6. Trade Name (DBA): _____
7. Business Location: _____
 City: _____ State: _____ Zip: _____
 County: _____ Telephone #1: () _____
 Telephone #2: () _____ Fax #: () _____ Email: _____
 Contact Person: _____
First Name Last Name Title
8. Mailing Address (if different from business location): _____
 City: _____ State: _____ Zip: _____
9. Owner's Name (List additional owners on separate sheet): _____
 Residence Address: _____ City: _____ State: _____ Zip: _____
 Telephone #: () _____ Ethnicity: _____ Gender: _____
10. When did this owner's ownership interest in this firm begin? ____/____/____
11. How did the owner acquire this business?
 I started the business It was a gift from: _____
 It was a condition of a divorce settlement I bought it from: _____
 It was a condition of a separation agreement I inherited it from: _____
 Other (Explain): _____

12. What is the owner's current marital status: Single Separated Divorced Married

13. Spouse's name: _____
Occupation: _____ Employer: _____

14. Does owner or spouse have an ownership interest in another business? Yes No
If Yes, please complete the following:

	1	2	3
Owner or Spouse name	_____	_____	_____
Firm Name	_____	_____	_____
Nature of other ownership interest	_____	_____	_____
Type of business	_____	_____	_____
Relationship to applicant business	_____	_____	_____
Percent of the business owned	_____	_____	_____

15 Describe the primary activities of the business. Please be precise:

16. What is the structure of the business: Sole Proprietorship Corporation Partnership
Limited Liability Corporation Limited Liability Partnership

17. Gross receipts (sales) for the last three business years. Show total receipts from the public and private sector.

Year Ending	Total Amount	Year Ending	Total Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

18. Has this business previously operated under another name? Yes No

If Yes, complete the following information: From ___/___/_____ To ___/___/_____

Former Name: _____

Address: _____

City: _____ State: _____ Zip: _____

19. Has this firm or its owner previously applied to this office for certification? Yes No

If Yes, under what name? _____

20. Has this firm attempted to do business within the City of Tacoma? Yes No
 In the public sector? In the private sector?

21. Business bank account? Yes No Is this a joint account? Yes No
 Account Name: _____ Joint Name: _____
 Bank Name: _____ Telephone #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 If "Yes" list additional names on the account.

22. Who has the authority to sign checks?

Name	Title
1. _____	_____
2. _____	_____
3. _____	_____

23. Does this firm share any of the following with other firms? (Check Yes or No for each item)

Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accounting Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Office Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____		Storage Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain "Yes" answers in detail (use additional pages if needed): _____

24. List the major equipment and vehicles in which the business currently has an ownership, lease or loan interest: (use additional pages if necessary)

	1	2	3
Type of interest (own, lease or loan)	_____	_____	_____
Type of equipment or vehicle	_____	_____	_____
Year & make of vehicle	_____	_____	_____
Location	_____	_____	_____
Approximate value	_____	_____	_____
License and Serial #	_____	_____	_____
Lessor	_____	_____	_____
If less than 100% who owns remainder of interest?	_____	_____	_____

STATEMENT OF PERSONAL NET WORTH

Each Owner claiming social and economic disadvantage status must complete this form. Each spouse of an Owner should complete a separate form. Use attachments if the space provided is not sufficient.
(Personal financial information shall remain confidential to the extent allowed by law)

Personal Financial Statement as of _____, 20_____.

ASSETS*	LIABILITIES**
Cash on hand \$ _____	Accounts Payable \$ _____
Checking Accounts _____	Notes Payable _____
Savings Accounts _____	Real Estate Mortgages (Section 4) _____
Retirement Accounts _____	Other Liabilities (Section 5) _____
Notes Receivable _____	
Life Insurance – Cash Surrender Value Only (Section 3) _____	
Stocks & Bonds (Section 2) _____	
Real Estate (Section 4) _____	
Vehicles (Section 3) _____	
Other Personal Property (Section 3) _____	
Other Assets (Section 3) _____	
TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____
	NET WORTH \$ _____

Section 1. Source of Income

Amount	Separate / Community / Joint Ownership
Salary \$ _____	_____
Net Investment Income _____	_____
Real Estate Income _____	_____
Other Income (identify below) _____	_____

* Identify any joint or community property interest

** Do not include any contingent liabilities

Section 2. Stocks and Bonds

No. of Share	Name of Securities	Current Market Value

Section 3. Other Personal Property (e.g., household furnishings, jewelry, artwork) and Other Assets (inventory of individual items are not required).

Description of Item	Current Fair Market Value

Section 4. Real Estate

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Current Market Value			
Current Mortgage Balance			

Section 5. Other Liabilities

Description	Current Balance Owed

I hereby certify that I have made no transfers of assets during the two years immediately preceding the date of this statement, except as follows:

Description of Asset	To whom transferred & relationship to transferee	Purpose of Transfer	Date of Transfer	Value of Asset at time of transfer	Consideration received for transfer

I hereby authorize The City of Tacoma Office of Small Business Enterprise to make inquiries as necessary to verify the accuracy of the information contained herein, as well as the documents submitted with this statement for purposes of determining my status as an economically disadvantaged person in accordance with Ordinance No. 26726. The information provided and the statements contained herein are true and correct to the best of my information and belief.

Signature

Date

DECLARATION OF SBE STATUS

In order to participate in the City of Tacoma Small Business Enterprise Program, businesses must be certified by the City of Tacoma Office of Small Business Enterprise, and must have previously sought to do business within the geographic boundaries of Pierce County or any adjacent county where the work is being performed, at the time of bid opening.

I, _____, declare under the penalty of perjury under the laws of the State of Washington, the following are true and correct:

- * I am a resident of the State of Washington and am more than 18 years of age.
- * I have previously sought to do business within the geographic boundaries of Pierce County or any adjacent county where the work is being performed.

Dated this _____ day of _____, 20_____, at _____, Washington

Firm Name (please print)

Owner/Authorized Agent Name (please print)

Title (please print)

Owner Authorized Agent Signature

State of Washington
County of Pierce

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Notary Public in and for the State of Washington
Residing in: _____

My commission expires: _____