

**Jacksonville Small & Emerging Business  
Continuing Eligibility  
RE-CERTIFICATION AFFIDAVIT**



This affidavit is executed under penalty of perjury of the laws of the United States and State of Florida.

Complete name of business: \_\_\_\_\_  
 Address of business: \_\_\_\_\_  
 Owner name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Number of employees: \_\_\_\_\_  
 Number of contracts with the city in the past year: Prime or Sub-contractor \_\_\_\_\_  
 Owners email: \_\_\_\_\_

**The following must be included with this Affidavit:**

- A copy of the firm's current Business Tax Receipt obtained through Tax Collector's Office
- A complete copy of the firm's most recent tax return and financial report
- A copy of the owners professional license(s) (if applicable)

Identify all owners of the business: if more than four owners list on additional sheet

NAME	RACE	GENDER	YEARS OF OWNERSHIP	% OWNED	VOTING %	ANNUAL COMPENSATION

- A copy of the certificate for current year continuing education requirement. **Course must be attended by majority JSEB Owner.**
- THE ATTACHED COMPLETE AND NOTARIZED, OWNER'S NET WORTH OF ALL OWNER(S); AND A COMPLETE COPY OF THEIR MOST RECENT PERSONAL 1040 TAX RETURN; (**Owner's Net Worth excludes your personal residence and includes the book value of the JSEB firm.**)
- IF THERE HAS BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR, You must file a new application**
- IF THERE HAS BEEN A CHANGE IN MANAGEMENT, THE NAMES OF THE NEW MANAGEMENT STAFF AND A DESCRIPTION OF THEIR DUTIES AND RESPONSIBILITIES.**

I understand that any material misrepresentation will be grounds for de-certification and for initiation of actions under State law(s) regarding the making of false statements. I certify that there has been no material changes in the information provided with this firm's most recent complete application for JSEB certification, except those heretofore conveyed, in writing to the City of Jacksonville.

Corporate Seal:

\_\_\_\_\_  
 JSEB/MBE Owner's Signature

\_\_\_\_\_  
 JSEB/MBE Owner's Printed Name

**STATE OF FLORIDA, COUNTY OF DUVAL**

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

County of \_\_\_\_\_

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.

\_\_\_\_\_  
 (Notary's printed name)

\_\_\_\_\_  
 Commission Expiration

\_\_\_\_\_  
 (Notary's Signature)

**City of Jacksonville (FL)**  
**PROCUREMENT DEPARTMENT**  
**JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)**

Ordinance 2004 – 602 E

**OWNERS NET WORTH**

Complete this form for each owner			
Applicant Name:		Cell Phone:	
Residence Address:		Residence Phone:	
City, State and Zip Code:			
Business Name:		Business Phone:	
<b>PERSONAL FINANCIAL STATEMENT</b> As of _____, 20____			
<b>ASSETS</b>		<b>TOTAL LIABILITIES</b>	
	(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	\$
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	\$	Auto loan current balance	\$
Other personal property and assets (describe in section 4)	\$	Other liabilities (describe in section 6)	\$
Business value – net worth of business times percent ownership*	\$		
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
<b>NET WORTH (Total Assets minus Total Liabilities) = \$ _____</b>			

\*For example,

If my company is worth \$100,000, and I own 51% of the business, the business value is \$51,000.

(\$100,000 X 0.51 = \$51,000)

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		
Name and Address of Note holder(s)	Original Balance	Current Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Section 2. Stocks and Bonds		
Number of Shares	Name of Securities	Total Value
		\$
		\$
		\$
		\$
		\$

<b>Section 3. Real Estate Owned</b> (List each parcel separately.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Mortgage Balance	\$	\$	\$

**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.)

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

**PROVIDE A COPY OF YOUR IRS FORM 1040 FOR THE YEAR TO SUPPORT THIS STATEMENT.**

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

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **SSN (last 4)/or Complete EIN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 JSEB certification with the COJ; and (j) 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.

Corporate Seal:

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

\_\_\_\_\_  
Signature of Applicant

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

County of \_\_\_\_\_

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.

\_\_\_\_\_  
(Notary's printed name)

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Commission Expiration

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(Notary's Signature)