



# Savannah Business Enterprise (SBE) **CERTIFICATION APPLICATION**

Dear SBE Applicant:

Thank you for your interest in becoming a certified **Savannah Business Enterprise** (SBE) with the City of Savannah. The checklist below is provided to assist you in preparing your application for certification. Please review it carefully. As you prepare, be sure to completely fill out the application, include the supplemental documentation (*where applicable*) and secure the endorsement of a notary on the required forms. Failure to submit a complete application could result in a delay of your application process or denial. Please return your complete application to:

**City of Savannah**  
**Attention: SBO Program**  
**Office of Business Opportunity**  
**P.O. Box 1027**  
**Savannah, GA 31402**

- A completed certification application, signed, and notarized "**Affidavit of Certification**".
- A completed and notarized **Personal Net Worth Worksheet**.
- A copy of the business's latest **Employer's Quarterly Tax and Wage** (DOL-4N) report as submitted to the Department of Labor reporting the employee levels of the business. If not available, the **Employee Management Affidavit** must be submitted and notarized.
- A corporate Federal Tax Return for previous three (3) years **or** your Individual Tax Return including your Schedule C for the past three (3) filing years.
- A copy of the current year's City of Savannah Business Tax Certificate. If you have questions about the City of Savannah Business Tax Certificate, contact the City of Savannah Revenue Department at (912) 651-6445 or visit [www.savannahga.gov/revenue](http://www.savannahga.gov/revenue).
- Any relevant State and/or City licenses as well as industry licenses that the business may have. For information about City of Savannah licenses visit [www.savannahga.gov/business](http://www.savannahga.gov/business).
- Up-to-date, detailed resumes of all owners. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.
- Provide one (1) of the following items that will document the type of organizational structure your business possesses:
  - a. *Sole Proprietorship* - Sole Proprietor Certificate which is your Registration of Business with the State; or
  - b. *Partnership or Joint Venture* - Original and any amended Partnership or Joint Venture Agreements; or
  - c. *Corporation or Limited Liability Corporation* - Registration must be current with the State Division of Corporations.
- A copy of the current lease for business location/storage, if business is not home-based. If the business is home based, the applicant must provide documentation of ownership (i.e. property card from the county tax assessor).
- Copies of at least two (2) contracts, sales invoices or service agreements currently being performed or completed by the business as listed on the application.

**NOTE:** As part of the review of your certification application, the City of Savannah Office of Business Opportunity **may** request additional supporting documents **and** perform site visits, as deemed necessary. For assistance completing the application, call the Savannah Entrepreneurial Center at (912) 652-3582. **The application and supporting documentation for certification must be mailed or hand delivered - DO NOT FAX.**

## Eligibility Requirements

The Mayor and Aldermen of the City of Savannah shall provide equal business opportunities to all persons seeking to do business with the City. The goal of the Savannah Business Opportunity Policy is to increase the utilization of Savannah-based and Disadvantaged Business Enterprises in all areas of procurement of the City including small contract purchases, materials and equipment, and in professional services.

The following is a **partial list** of standards that shall be used to determine whether a business is eligible to participate in the SBE program:

- ❖ A “**Savannah Business Enterprise**” is one that has fewer than twenty-five permanent full-time employees.
- ❖ The applying business must demonstrate revenue below the **Gross Revenue Thresholds**, calculated over a three year average, for certification consideration:

PROCUREMENT CLASSIFICATION	THRESHOLD
Construction Services	\$5,000,000
Contractual Services	\$1,000,000
Professional Services	\$ 500,000

- ❖ No individual with legal or beneficial ownership interest, direct or indirect, in the business or any affiliate of the business shall have a **Personal Net Worth** exceeding one million three hundred and twenty thousand dollars (\$1,320,000);
- ❖ Additionally, an **SBE** is one:
  1. That has been in business **no less than one year** from the date of application and has a valid City of Savannah business tax certificate.
  2. That operates or conducts business from a physical location **within the City of Savannah incorporated city limits**.
- ❖ There is **no application fee** for SBE Certification. All applications for certification must be accompanied by a sworn affidavit attesting to the accuracy and truthfulness of the information provided.
- ❖ The City of Savannah shall provide eligibility determinations within ninety (90) days of receipt of a complete application.
- ❖ All approved Savannah Business Enterprises shall be listed in the **SBE Directory** available on the City of Savannah website, [www.savannahga.gov](http://www.savannahga.gov).

**SECTION 1: GENERAL BUSINESS INFORMATION**

**BUSINESS CONTACT INFORMATION**

Primary Contact Person/Title:		Legal Name of Firm:		
Business Phone #:	Owner's Cell #:	Business Fax #:		
E-mail Address:		Website (if firm has one):		
Street Address of Firm: (Physical Address. No P.O. Box)				
Mailing Address of Firm:	City:	County/Parish:	State:	Zip:



If your business is not registered with the City of Savannah through its [supplier portal](http://www.savannahga.gov), please do this **now** at [www.savannahga.gov](http://www.savannahga.gov). In the section below, enter the following information.

**SECTION 2: CITY SUPPLIER REGISTRATION CONFIRMATION**

Name Of Registered Business <i>(Enter the name as registered in the portal)</i>	City Supplier Number(s)	List the NIGP Code(s) associated with this registration

**SECTION 3. BUSINESS PROFILE**

Primary Nature of Business:	Federal Tax ID:
This firm was established on ____/____/____	I (we) have owned this firm since: ____/____/____
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Explain. _____	
Method of Acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain)	
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain below. _____	
<b>Type of Firm (check all applicable):</b> <input type="checkbox"/> <b>Sole Proprietorship</b> (provide a copy of the assumed name certificate) <input type="checkbox"/> <b>Partnership</b> (provide copies of all partnership agreements and the assumed name certificate) <input type="checkbox"/> <b>Limited Liability Company/Organization</b> (provide a copy of the legal structure agreement)	
<input type="checkbox"/> <b>Corporation</b> (provide Articles of Incorporation, copies of the Stock Certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, minutes from the last shareholders' meeting and Board of Directors' meetings, the Corporate Bylaws and Bylaws Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards) <input type="checkbox"/> <b>Other</b> (please specify): _____	

**SECTION 4. EMPLOYEE MANAGEMENT**

Please complete the Affidavit of Employee Management that provides a detail of the employees on roster with your firm. Additionally, submit the business's latest Employer's Quarterly Tax and Wage Report (DOL-4N).

<b>Number of employees employed by the business:</b> Permanent Full-time _____ Temporary Full-time _____ Seasonal Full-time _____			
Does the business utilize seasonal employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when: _____			
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)			



Please complete the Affidavit of Employee Management worksheet reflecting your business's employees as well as accompanied by your latest state Employer's Quarterly Tax and Wage Report.

**SECTION 5. BUSINESS GROSS RECEIPTS**

<p><b>GROSS RECEIPTS:</b> In the space provided, specify your business's gross receipts for the last 3 years. If you have been in business fewer than 3 years, complete the section for the relevant time period.</p> <p><i>(NOTE: Attach copies of full tax returns or year-end balance sheets for each year to support the entered gross receipts total.)</i></p>	Year Ending _____	Total Receipts: \$ _____
	Year Ending _____	Total Receipts: \$ _____
	Year Ending _____	Total Receipts: \$ _____



The information submitted above must be substantiated by supporting documentation. You must submit your business's federal tax returns (or personal returns including the schedule C) to support the totals above. You may elect to submit year-end balance sheets.

**Section 6. BUSINESS OWNERSHIP/LEADERSHIP**

Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person; if more than two owners, attach a separate sheet).

**First Person in Ownership/Leadership**

<b>Name:</b> _____		<b>Title:</b> _____		<b>Home Phone #:</b> _____	
<b>Home Address (street and number)</b> _____			<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnic Group</b> (Attach copy as proof i.e. driver's license)			
<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
<b>Legal Permanent Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Other					
<b>Shares of Stock:</b>	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
<b>Additional contributions made by anyone since the business was started/acquired:</b>					

**Second Person in Ownership/Leadership (if applicable)**

<b>Name:</b>		<b>Title:</b>		<b>Home Phone#:</b>	
<b>Home Address (street and number)</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnic Group</b> ( <i>Attach copy as proof i.e. driver's license</i> )			
<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
<b>Legal permanent resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
<b>Shares of Stock:</b>	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
<b>Additional contributions made by anyone since the business was started/acquired:</b>					

**Third Person in Ownership/Leadership (if applicable)**

<b>Name:</b>		<b>Title:</b>		<b>Home Phone#:</b>	
<b>Home Address (street and number)</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnic Group</b> ( <i>Attach copy as proof i.e. driver's license</i> )			
<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
<b>Legal permanent resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
<b>Shares of Stock:</b>	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
<b>Additional contributions made by anyone since the business was started/acquired:</b>					



**A business applying for certification as a Savannah Business Enterprise (SBE) must be located within the incorporated city limits of Savannah. Proof of location must be provided as instructed below.**

**Section 7: VERIFICATION OF LOCATION**

**Attach your business location's office or work space lease or ownership documentation (i.e. Chatham County Tax Assessor property card is sufficient.) Also, attach any storage space rental agreements or leases where maybe necessary.**

**Section 8: Bonding Information (if applicable):** If your business has the capacity to be bonded please complete the following:

**Name of agent or broker:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address of Agent /Broker:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bonding limit:** Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

**Section 9: List and attach current professional licenses** (i.e. general contractor, engineer, architect, utility, etc).

Name of Individual or Firm	Name of License	Exp. Date	License Number
1.			
2.			
3.			
4.			
5.			



**Please be certain to complete, sign, and notarize the following documents prior to submission.**

**AFFIDAVIT OF CERTIFICATION**

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I \_\_\_\_\_ (full name), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions in are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm.

I recognize that the information submitted in the application is for the purpose of inducing certification approval by the City of Savannah. I understand that the City of Savannah may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize the City of Savannah to contact any entity named in the application for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the names firm and any affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor and the City of Savannah on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

**I agree to provide written notice to the City of Savannah any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).**

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

**I declare under penalty of perjury that the foregoing is true and correct.**

Signature of owner, officer \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of owner, officer \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

Print name: \_\_\_\_\_

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Signature of Notary Public _____	Printer/typed name of Notary Public _____
County of residence _____	Date commission expires _____



## AFFIDAVIT OF EMPLOYEE MANAGEMENT

This form must be fill out completely and supported by the **most recent** Employer's Quarterly Tax and Wage Report (DOL-4N). This form must be signed and notarized affirming the number of staff or employees on record by the business. Please exclude any staff that is compensated on Form 1099 (for contractors).

No.	EMPLOYEE NAME <i>(last name, first initial)</i>	EMPLOYEE NO. <i>(or last 4 digits of SSN)</i>	Length of time of staff with the business?	Classification?
1				<input type="checkbox"/> FT <input type="checkbox"/> PT
2				<input type="checkbox"/> FT <input type="checkbox"/> PT
3				<input type="checkbox"/> FT <input type="checkbox"/> PT
4				<input type="checkbox"/> FT <input type="checkbox"/> PT
5				<input type="checkbox"/> FT <input type="checkbox"/> PT
6				<input type="checkbox"/> FT <input type="checkbox"/> PT
7				<input type="checkbox"/> FT <input type="checkbox"/> PT
8				<input type="checkbox"/> FT <input type="checkbox"/> PT
9				<input type="checkbox"/> FT <input type="checkbox"/> PT
10				<input type="checkbox"/> FT <input type="checkbox"/> PT
11				<input type="checkbox"/> FT <input type="checkbox"/> PT
12				<input type="checkbox"/> FT <input type="checkbox"/> PT
13				<input type="checkbox"/> FT <input type="checkbox"/> PT
14				<input type="checkbox"/> FT <input type="checkbox"/> PT
15				<input type="checkbox"/> FT <input type="checkbox"/> PT
16				<input type="checkbox"/> FT <input type="checkbox"/> PT
17				<input type="checkbox"/> FT <input type="checkbox"/> PT
18				<input type="checkbox"/> FT <input type="checkbox"/> PT
19				<input type="checkbox"/> FT <input type="checkbox"/> PT
20				<input type="checkbox"/> FT <input type="checkbox"/> PT
21				<input type="checkbox"/> FT <input type="checkbox"/> PT
22				<input type="checkbox"/> FT <input type="checkbox"/> PT
23				<input type="checkbox"/> FT <input type="checkbox"/> PT
24				<input type="checkbox"/> FT <input type="checkbox"/> PT
25				<input type="checkbox"/> FT <input type="checkbox"/> PT
26				<input type="checkbox"/> FT <input type="checkbox"/> PT
27				<input type="checkbox"/> FT <input type="checkbox"/> PT
<b>TOTAL NUMBER OF EMPLOYEES ON ROSTER BY BUSINESS</b>				____ FT ____ PT

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____	
Signature of Notary Public _____	Printer/typed name of Notary Public _____
County of residence _____	Date commission expires _____

## PERSONAL NET WORTH FINANCIAL WORKSHEET

<b>Name</b>				<b>Business Phone</b>
<b>Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home Phone</b>

ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT
1. Cash on Hand & in banks	\$		1. Accounts payable	\$
2. Savings Accounts	\$		2. Notes payable to banks and others	\$
3. IRA or Other Retirement Accounts	\$		3. Installment account (auto)	\$
4. Personal & Notes Receivable	\$		4. Installment account & credit cards	\$
5. Life Insurance <i>(Cash surrender only)</i>	\$		5. Other Liabilities <i>(describe on separate sheet)</i>	\$
6. Stocks and Bonds <i>(current market value)</i>	\$		6. Mortgage on other properties	\$
7. Real Estate <i>(Exclude primary residence)</i>	\$		7. Other liabilities	\$
8. Automobiles <i>(present value)</i>	\$			
9. Personal property	\$			
10. Other Assets <i>(describe on separate sheet)</i>	\$		<b>TOTAL LIABILITIES</b> <b>(Add line 1 -8)</b>	\$
11. Ownership in <u>other</u> businesses	\$			
<b>Personal Net Worth (Total Assets Minus Total Liabilities)</b>				
<b>TOTAL ASSETS (Add Lines 1 – 11)</b>	<b>\$</b>		<b>Personal Net Worth (Total Assets Minus Total Liabilities)</b>	<b>\$</b>

I hereby certify that this *personal net worth statement* is **complete and accurate** to the best of my knowledge. I hereby certify under penalty of perjury that my personal net worth **does not exceed** \$1.32 million.

The City of Savannah is authorized to verify the accuracy of this statement to determine whether I meet the standards for participation in the City of Savannah's SBE Program.

This worksheet can be supported by a CPA's statement. If submitting a CPA's statement of PNW, check the box below and attach.

**With this application, I am submitting a signed, notarized statement of personal net worth prepared by a Certified Public Accountant.**

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Signature of Notary Public _____	Printer/typed name of Notary Public _____
County of residence _____	Date commission expires _____

