Office of Local Business Development

Application

Local, Small, and Disadvantaged Business Enterprise Program

Government of the District of Columbia
Anthony A. Williams, Mayor
Jacquelyn A. Flowers, Director

www.olbd.washingtondc.gov

Application

1. Business Name _____

Email _____ Website _____

Tel. (_____) _____ Fax (_____) _____

2. Business Mailing Address _____

City _____ State _____ Zip _____ Ward # _____

3. Principal Contact Person _____

Title _____ Tel (_____) _____

4. List Business Structure (choose one):

____ Corporation ____ Partnership ____ Joint Venture

____ Limited Liability Corporation ____ Sole Proprietorship

5. Date Business Established _____ If corporation, location of incorporation _____

Primary business activity (if diversified, percent of each adding up to a total of 100%):

_____% Professional Service (i.e. Legal, A&E, CPA, etc.) _____% Distribution _____% Retailer

_____% Construction _____% Wholesaler _____% Service Provider

_____% Manufacturer

6. List the following business information (please contact listed companies for assistance):

Dun & Bradstreet No.: • 800-333-0505	
Local Unemployment Compensation No.: • 202-698-7550	
Federal Employer ID: • 800-829-1040	

7. Describe the business' product line, trade or services below (attach additional page if necessary):

_____

List National Institute of Government Policies (NIGP) Commodity Codes
(www.ocp.dcgov.org and www.olbd.washingtondc.gov; or call OCP 202-727-0252)

_____

8. Briefly describe any specialties:

_____

9. List business and office equipment, vehicles and facilities located (attach additional page if necessary):

Equipment & Vehicles Owned &/ or Leased	Storage Location on Equipment & Vehicles	List All Operating Facilities	Address, City State, Zip

10. Identify all original and current owners/stockholders of the business (attach additional page if necessary):

List Total Corporate Shares Authorized_____

Name of Owners/Stockholders Home Address, Phone Number	US Citizen or LPR*	Ward Number	Number of Shares	Percentage of Ownership	Initial Capital Injection	Class of Stock Issued

* Lawful Permanent Resident

11. List current members of board of directors and officers of the corporation:

Current Board of Directors/Owners				
Name Title	Occupation	Date Appointed	Home Address	Phone
_____				
_____				
_____				
_____				

Officers of Corporation/Key Personnel				
Name Title	Operational Function(s)	Date Appointed	Home Address	Phone
_____				
_____				
_____				
_____				

12. List bonding information:

Name of bonding company _____

Address _____ City _____

State _____ Zip _____

Contact Person _____ Phone (_____) _____ Fax (_____) _____

List bonding specialties (if any) _____ Bonding Limit: $ _____

13. List insurance information:

Name of insurance company _____

Address _____ City _____

State _____ Zip _____

Contact Person _____ Phone (_____) _____ Fax (_____) _____

List insurance type: _____ Property/Liability Limit: $ _____

14. List business banking information:

Primary Bank _____

Address _____ City _____

State _____ Zip _____

Contact Person _____ Phone (_____) _____ Fax (_____) _____

15. List total amount of taxes paid to D.C. Government (specify type of taxes paid in the current and previous tax year):

a. Check all that apply:	b. Current, Year-to-Date:	c. Last Fiscal Year 20 _____
_____ Arena	$ _____	$ _____
_____ Corporate	$ _____	$ _____
_____ Unemployment	$ _____	$ _____
_____ Personal Property	$ _____	$ _____
_____ Sales	$ _____	$ _____
_____ Real Estate	$ _____	$ _____
_____ Fuel	$ _____	$ _____
_____ Other	$ _____	$ _____

16. List the LSDBE status for which you are applying (please choose all that are applicable and refer to "Supporting Documentation Checklist"):

_____Local _____ Small _____ Disadvantaged
(additional letter and notarized DBE Form)

a. List location of principal business site:

_____D.C.

_____Washington Standard Metropolitan Statistical Area (WSMSA)
(please reference "Waiver Application")

b. _____Resident Business Ownership (submit signed copy of most recent D.C. personal taxes)

c. Enterprise Zone (If principal office is in the District of Columbia)

_____ Yes _____ No

d. List type and qualification for Small Business Enterprise:

Industry Type	Average annual gross receipts, three years preceding certification not exceeding the following limits:
Construction:	
____ Heavy (street, highway, bridges, etc.)	$ 23 million
____ Building (general construction, etc.)	$ 21 million
____ Specialty Trades	$ 13 million
Goods & Equipment	$ 8 million
General Services	$ 19 million
Professional Services:	
____ Personal (hotel, beauty, laundry, etc.)	$ 5 million
____ Business Services	$ 10 million
____ Health & Legal Services	$ 10 million
____ Health Facilities Management	$ 19 million
Manufacturing Services	$ 10 million
Transportation & Hauling Services	$ 13 million
Financial Institutions	$300 million

17. Submit most recent quarterly contribution and wage report (Form UC-30)

18. Business, professional and/or trade license(s) if applicable:

License Type _____

License Number _____

License Expiration Date _____

Authorizing Entity of License _____

License Type _____

License Number _____

License Expiration Date _____

Authorizing Entity of License _____

Certification Type _____

Certification Number _____

Certification Expiration Date _____

Authorizing Entity of Certification _____

Certification Type _____

Certification Number _____

Certification Expiration Date _____

Authorizing Entity of Certification _____

19. List gross annual revenues for last three years:

_____/$_____

_____/$_____

_____/$_____

20. List sources of business revenues

Source of Business Revenues	Fiscal Year	Amount $	% of Total Revenues
D.C. Government Prime/Sub			
Private Sector			
Other			
Total			100%
Description of Other Sources			

21. List the last three contracts awarded and performed

Name of Contractor	Project Name	Service Provided	Dollar Amount

22. Have you violated the Equal Opportunity for Local, Small, and Disadvantaged Business Enterprises Act of 1998, as amended or other D.C. Laws that are applicable to the applicants business?

Yes _____or No _____

Explain _____

23. Have you been convicted of a crime that bears directly on the fitness of the applicant, holder, or participant to ethically participate in programs established pursuant to the Act?

Yes _____or No _____

Explain _____

24. Complete and notarize the attached affidavit and submit to:

Office of Local Business Development
441 4th Street, NW, Suite 970N
Washington, D.C. 20001
Tel: 202-727-3900 Fax: 202-724-3786

Sworn Affidavit

The undersigned swears that the foregoing statements made as part of this application and submitted (with/without a bid or proposal request) are true and correct and include all material information necessary:

1. To identify and explain the operations of (Name of Company) _____
2. To identify the ownership thereof; and
3. To establish their eligibility for certification as a Local Business Enterprise, Small Business Enterprise, and/or Disadvantaged Business Enterprise.

Further, the undersigned agrees that if he/she has not already done so, he/she will provide directly to the Local Business Opportunity Commission (LBOC) the LSDBE Self Certification Application and supporting documents as may be required to substantiate the firm's eligibility for certification. This includes complete cooperation with the LBOC's certification process, and allows the examination of books, records, and files of the company at the business location or at any other place, including other companies with which the firm conducts its operations. The undersigned understands and agrees that failure to submit the required documentation could render a bid/proposal submitted under D.C. Law 12-268, Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Act of 1998, as amended, null and void. The undersigned understands that the District of Columbia Corporation Counsel may bring civil action in the Superior Court of the District of Columbia against a business enterprise (the directors, officers or principals) that it reasonably believes has obtained certification by fraud or deceit or has furnished substantially inaccurate or incomplete information to the Commission, which is punishable by a fine of $100,000. A business enterprise convicted of false swearing shall be subject to criminal penalties of not more than $1,000 and/or imprisoned for not more the one (1) year (Dec. 1, 1982, D.C. Law 4-164, §404.29 DCMR 3976) and possible debarment. If a contract is terminated, due to fraud or deceit by the applicant, requiring the government to readvertise or resolicit for products or services, the undersigned will be held liable for the additional expenses incurred by the government.

If, after filing this document there are any changes (during the term of the certification) in the information submitted herein, the undersigned will notify in writing the Local Business Opportunity Commission of the change within 30 days.

Sign only in the presence of a Notary Public

Name of Company: _____

Signature: _____ Title: _____

Name (please print): _____

On this the _____ day of _____, 20 _____

Before me personally (name of Notary Public) _____

who is properly authorized by (name of firm) _____
to execute this Affidavit and did so at his/her free act and deed.

Notary Signature: _____

My commission expires: _____