



The Office of Business Diversity & Compliance
125 North Main, Room 546
Memphis, TN 38103
Office: (901) 636-6210
Fax: (901) 636-6560

AFFIDAVIT OF APPLICANT FOR SMALL BUSINESS ENTERPRISE PROGRAMS

By executing this Affidavit under oath, I, the undersigned, as an applicant for the City's Small Business Enterprise (SBE) programs, understand and agree to the following terms and conditions:

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL FROM THE OFFICE OF BUSINESS DIVERSITY AND COMPLIANCE AND MAY RESULT IN THE INITIATION OF DEBARMENT FROM THE CITY'S EBO/SBE PROGRAMS AND REMOVAL FROM THE OFFICE OF BUSINESS DIVERSITY AND COMPLIANCE CERTIFIED REGISTRY/REGISTRIES.

The following are additional grounds for removal from the certified SBE registry:

- The business has changed to the extent that the business no longer meets the defining criteria of a small business enterprise;
- An indictment or conviction of the owner(s) or business for criminal offense related to obtaining, attempting to obtain or performing a public or private contract;
- Evidence that the business lacks business integrity and honesty. Such evidence may include initiation or completion of debarment proceeding against the business by a government agency;
- The business has had its eligibility as SBE, MWBE, DBE or LOSB revoked by another government certifying program.

I understand and recognize that the information submitted in this application is for the purpose of being identified in the OFFICE OF BUSINESS DIVERSITY AND COMPLIANCE REGISTRY/REGISTRIES and having my participation counted as an SBE in City and City related contracts. I understand that the Office of Business Diversity and Compliance may, by means it deems appropriate, determine the accuracy and truth of the statements in this application. I authorize the Office of Business Diversity and Compliance or its designee(s) to contact, without limitation, any entity, individual, contractor(s), and client(s) for the purpose of verifying the information submitted and determining my eligibility for the Office of Business Diversity and Compliance registry/registries.

I understand that in order to be recognized and added to the City's registry as a certified SBE, the Firm must:

1. Complete the City's Fast Track Application;
2. Submit a copy of the certificate of certification as an SBE or reciprocal certification accepted by an agency pre-approved by the City;
3. Submit a copy of the Shelby County Business License;
4. Register in the City Of Memphis B2GNow system and select commodity codes for opportunity notifications;
5. Proof that the SBE is located in the City Of Memphis;
6. Proof that the principal owner maintains a residence in the Memphis Statistical Area; and
7. Submit any other information required to establish certification under Memphis Ordinance No. 5607, Section 6-94-1, et. seq.

I further agree and understand of the on-going obligation to fully cooperate with the Office of Business Diversity and Compliance and provide upon request, all information necessary to assist the Office of Business Diversity and Compliance in assessing the continuing validity of my firm's status as a bona fide SBE and in determining the commercial usefulness of my service/supply effort as an SBE on City contracts, and to notify the OBDC in any changes that might affect the Firm's status as an SBE.

I _____ (Full Name Printed), Affirm under Penalty of Law that I am _____ (Title) of Applicant Firm _____ (Firm Name Printed) 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 are full and complete. I hereby verify that I am over the age of 18, and am duly authorized to sign this Affidavit on behalf of the Applicant's small business enterprise.

Signature: _____
Owner, President, Member, Partner, Majority Owner(s)

Date: _____

SWORN TO AND SUBSCRIBED before me, Notary Public for Said State and County, this ____ day of _____, _____.

Notary Public

My Commission Expires:
