



**BROWARD COUNTY
OFFICE OF ECONOMIC & SMALL BUSINESS DEVELOPMENT
ACKNOWLEDGEMENT OF CBE/SBE CONTINUING ELIGIBILITY**

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

MAILING: (If different) _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

You must include the following with this acknowledgement:

1. A copy of the first page of the current year's business tax return (Form 1120, 1120S, 1065, or a Schedule C)
2. A completed Personal Net Worth (PNW) Worksheet
3. Current County and Municipal Business Tax Receipts (formerly occupational license), Professional Licenses and/or Competencies, and any other required Certifications
4. Copies of 2 to 3 contracts/invoices/bills of sale/etc. of services rendered in the last 12 months
5. Supporting documentation for any affirmative (yes) response to items "C" or "D" on the 2nd page of this Acknowledgement

Failure to submit this Acknowledgement by the firm's Anniversary Date and/or failing to provide all required supporting documentation, will result in suspension of your firm's CBE/SBE certification by OESBD.

PLEASE COMPLETE ITEMS A, B, C, AND D BELOW

A. CURRENT YEAR GROSS RECEIPTS \$ _____

(If you filed an IRS Tax Return Extension, you must provide a copy of the extension and a current year income statement)

B. NUMBER OF FULL TIME EMPLOYEES _____

C. CHANGE IN OWNERSHIP IN THE PAST YEAR: Yes _____ No _____

(If "yes" submit the Articles of Amendment, Stock Certificates and Transfer Ledger, partnership agreements, etc. to verify the change in ownership, as well as a completed PNW worksheet for the new owners)

D. CHANGE OF ADDRESS/PHONE NUMBERS/EMAIL?: _____

PLEASE PRINT AND SIGN BELOW

(Must be signed by Principal Owner)

I/We acknowledge that any material misrepresentation in the certification application, the acknowledgment form, or any supporting documents shall be grounds for SUSPENDING CBE/SBE Certification; and

I/We hereby certify that there have been no material changes to the information provided with this firm's most recent complete application for CBE/SBE certification, except those herein conveyed to the Broward County Office of Economic and Small Business Development (OESBD) in writing and accompanied by supporting documentation.

(Print Name/Title)

(Signature and Date)

SUBMIT