



A. Walter Esdaile
Director



John DeStefano, Jr.
Mayor

City Of New Haven
SMALL BUSINESS
CONSTRUCTION
OPPORTUNITY INITIATIVE

RECERTIFICATION
APPLICATION

Small Business Initiative
City of New Haven
165 Church Street
New Haven, CT. 06510 203-946-6550

Complete this recertification application in its entirety and supply all requested supporting documentation.

Small Business Recertification Application

1. Indicate status (Check ONE) MBE ___ SBE ___ WBE ___

2. FEIN _____

3. Complete Name of Business _____
(including d/b/a)
Street Address _____
(P.O. Box only will not be accepted)
Town _____ State _____ Zip Code _____

Mailing Address (if different) _____
Town _____ State _____ Zip Code _____

4. Local Telephone # _____ FAX# _____

E-Mail _____

Company web-site _____

5. Contact Person _____

6. Brief description of products and services your company directly provides.
Identify any change from previous description that appears on your certificate)

7. Has your company received a contract with the City Of New Haven during the year?
Yes ___ No ___
If so, list the specific contract, department, dollar amount.

8. Has your company changed ownership, officers or business structure since your most recent certification **Yes ___ No ___**
If yes, please briefly explain and include all confirming documents.

9. Identify the Principal(s) and/or Officer(s) of the company:

Name(s) of Present Principals/	Titles /	% of Ownership
_____ /	_____ /	_____
_____ /	_____ /	_____
_____ /	_____ /	_____

10. Number of employees: _____

11. Total gross receipts/sales for the most recent ending fiscal year: \$_____

12. Does any owner, or the company itself, have ownership in any other business?

Yes ___ No ___ If yes, provide a detailed description of the involvement in any and all businesses including percentage of ownership. Ownership is implied if an individual owns 20 percent or more of the applying company and the affiliated company. If so, the Federal Tax Return for the affiliated company must be submitted with this application. The total gross receipts for these companies cannot exceed \$3,000,000.

OATH TO BE COMPLETED AND SIGNED BY APPLICANT

Oath

I, _____, affirm to the best of my knowledge that the forgoing statements are true and correct, including all material information and documentation attached to this application and necessary to identify and explain the operations of (Name of Company)_____ and the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files, to notify the Small Business Initiative of any significant change in the status of the business operation or management, and to permit on site visits as may be required. It is understood and agreed that the Small Business Initiative shall rescind the certificate of eligibility if false information is provided or misrepresentations are made in connection with this Application for Certification and that the Small Business Initiative shall report such action to the appropriate state authority and to the Office of the Connecticut Attorney General.” I understand that a civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed against the Company if it is found to have provided false or misleading information.

Signature of Principal/Owner

Printed Name

Title

State of Connecticut)

) **ss: New Haven** _____, _____
(Date)

County of New Haven

Personally appeared _____, _____, and made oath to the truth of the matters contained in this Application for Certification.

Signature

Printed Name

Notary Public *or* Commissioner of Superior Court