



AUGUSTA RICHMOND COUNTY
LOCAL SMALL BUSINESS OPPORTUNITY PROGRAM
 535 Telfair Street, Suite 530
 Augusta, GA 30901
 Phone: 706-821-2406
 Email: lsbop@augustaga.gov Web Site: www.augustaga.gov

APPLICATION FOR RECERTIFICATION

Contact Name: _____

Business Name: _____

Business Address: _____

Mailing Address: _____	Street	City	County	State	Zip Code
<i>(If different)</i>	Street	City	County	State	Zip Code

Email Address: _____ **Website:** _____

Phone Number: _____ **Fax Number:** _____

Description of Business/Services: _____ **Digit NAICS Code** _____

NAICS Code Description _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR RECERTIFICATION.

Your Application cannot be processed without all of the following:	Please (√) to verify that you have attached the documents.
A copy of your business license for the current year .	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed signed and notarized Personal Net Worth Statement for EACH owner.	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
A signed copy of your personal and corporate income tax return including all schedules for the current year . <i>(Attach a copy of your request for an extension if taxes have not been filed.)</i>	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of lease or rental agreement for business premises <i>(if business location has changed)</i> .	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACHMENT "A" AFFIDAVIT	Included <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Ownership and Control:

Name of Owner	Percentage of Ownership

- Are there any changes in the primary field of operation of the firm? Yes No
 - Has the structure of the firm changed in the last two years? Yes No
 - Have there been any changes to the ownership or control of the firm? Yes No
- If you answered "yes" to any of the above, please attach a detailed explanation on a separate sheet.***
- Annual Gross Receipts for the current year and previous years:
 \$ _____ Year _____
 \$ _____ Year _____
 \$ _____ Year _____

AFFIDAVIT-Attachment A

The undersigned swears that the foregoing statements are true and correct and includes all the material information necessary to identify and explain the operations and the ownership of the firm. The undersigned further attests that the ownership and control of the firm seeking recertification rests with an eligible local small business owner. Any misrepresentation will be grounds for terminating any contract which may have been awarded and/or for de-certification as an LSBOP. Further, Augusta Richmond County reserves the right to initiate such action as is available under Federal or State Law concerning false statements. The undersigned agrees to inform the Compliance Department of any significant change in the information submitted. Such changes would include the dissolution of the business, the sale of all or any part of the business to another party, changes in the day-to-day control of the firm, changes in the nature of work performed by the firm and other circumstances which could have a bearing on the eligibility of the firm to continue to meet the criteria for certification.

Firm Owner/Officer _____
Signature Printed Name

Affix Corporate Seal (*if applicable*):

Title: _____ Date: _____
Print

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me

Notary Seal:

This _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

PLEASE RETURN THIS **COMPLETED** APPLICATION AND **ALL** DOCUMENTS TO:

Augusta Richmond County
Compliance Department
ATTN: DBE/LSBOP COORDINATOR
535 Telfair Street, Suite 530
Augusta, GA 30901
Phone: (706) 821-2406
Email: lsbop@augustaga.gov