

CITY OF OAKLAND CERTIFICATION APPLICATION

I am applying for: (check one)

Submittal Date: _____

- LBE Local Business Enterprise
- SLBE Small Local Business Enterprise
- LNP Local Not for Profit
- SLNP Small Local Not for Profit

Contact Information

Legal Name of Entity		Contact Person (Name & Title)	
Street Address of Entity (No P.O. Box)			
City	State	Zip Code	County
Mailing Address (if different from above)			
Telephone () ()	Fax # () ()	Cell# () ()	
Email Address		Web Site	

Entity Profile

Primary Service undertaken/offered:		Specialty Service undertaken/offered:	
Date Entity was established (mm/dd/yr)	Does the entity have one or more additional offices outside the city of Oakland, CA? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list other location(s)	Date Oakland office was established (mm/dd/yr)	
Method of Acquisition <input type="checkbox"/> New <input type="checkbox"/> Purchased existing <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Inherited <input type="checkbox"/> Other (explain)			
Has this entity operated under a different name during the past five years? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain			
Type of Firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____		Ethnicity (for tracking purposes only) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other _____	
Gender (for tracking purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Number of Employees Permanent Full time _____ Temporary Full Time _____ Seasonal Full Time _____ Permanent Part time _____ Temporary Part Time _____ Seasonal Part Time _____			
Gross Receipts for the last three fiscal years: Please attach copies of appropriate tax returns: (e.g. Form 990, Form 1040, Form 1120, etc)			
		Year Ended _____	Total Receipts \$ _____
		Year Ended _____	Total Receipts \$ _____
		Year Ended _____	Total Receipts \$ _____

Licenses, Permits, Certificates, Certifications (e.g. contractor, architect, engineer, etc. – list all that apply - attach copies)

Name of Issuing Authority	Type	Number	Expiration Date
City of Oakland (required)	Business Tax License		
Internal Revenue Service (required)	Federal I. D. #		
Internal Revenue Service (required)	Letter of Determination of Not for Profit Status		

Are you a trucking firm? Yes No A supplier? Yes No

Please review the NAICS¹ listing of work codes and indicate below your areas of expertise ranked in order of importance (begin with primary and specialty areas as indicated in the Entity Profile section)

NAICS Code	Description of Work

With submittal of this application for certification with the City of Oakland, I consent to:

- Release to the Division of Contract Compliance and Employment Services my firm’s business tax information from the City’s Business Tax Section, Financial Services Agency, for the purpose of verifying compliance with the criteria for certification. I understand that this information will be held in confidence. Yes No
- Share information contained herein with other certifying entities (e.g. Port of Oakland, Alameda County, etc.) Yes No
- Submit additional information for the purpose of clarifying/verifying information contained herein upon request Yes No

¹ North American Industry Classification System
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AFFIDAVIT OF CERTIFICATION

“The undersigned swears, under penalty of perjury, that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____(Name of Firm) as well as the ownership thereof. The undersigned also states that he/she is properly authorized by _____(Name of Firm) to execute the affidavit and does so as him/her free act and deed. Further, the undersigned agrees to provide through the prime contractor or if no prime, directly to the Certification Unit, current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Also, the firm has the experience, ability and required licenses to perform the work as stated in Business Profile, Primary Nature of Business and all category codes that support this application. As a bona fide LBE or SLBE, the ownership interests of the firm is real and continuing, and was not created solely to meet the City goals for LBE/SLBE participation. The ownership and control of the LBE or SLBE shall be real, substantial and continuing and shall go beyond the pro forma ownership of the firm as reflected in its ownership documents. The owner(s) of the local business possesses the power to direct or cause the direction of the management and policies of the firm.

Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.”

Printed name of owner, officer or partner

Date(mm/dd/yy)

Signature of owner, officer or partner

Date(mm/dd/yy)

Title

NOTARY CERTIFICATION

STATE OF _____

SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary Public _____

Printed/typed name of Notary Public _____

County of residence _____ Date commission expires _____