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## LOCAL BUSINESS CERTIFICATION APPLICATION

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**New Application**  **Renewal**

**1. Defined Terms:**

**Applicant:**

The firm applying for Local Business Certification.

**Complete Application:**

An original of the Local Business Certification Application completed in its entirety and submitted with the required documentation detailed herein.

**Employee:**

Employee of the Applicant who shall be on Applicant's payroll.

**Main Office:**

The fully operational office of the firm where the majority of its Employees and Principals are located.

**Principal:**

Includes, but is not limited to, Chairman, Chief Executive Officer, President, Chief Operating Officer, Vice President, Director; Managing Member, Partner.

**Tri-County Area:**

Monroe, Miami-Dade, and/or Broward counties.

**2. Process:**

In order to be considered for certification by MDX as a Local Business pursuant to its Local Business Participation Policy (copy may be found on [www.mdxway.com](http://www.mdxway.com)), the Applicant must fill out this application and provide a Complete Application. A Complete Application must be submitted to the MDX Procurement Department located at 3790 NW 21<sup>st</sup> Street, Miami, FL 33142.

The certification process takes approximately fifteen (15) business days after receipt of the Complete Application. Complete Applications intended to comply with the Local Business Participation Requirement of an on-going Procurement Process submitted within five (5) business days of the Proposal/Bid due date may not be timely processed.

Local Business Certifications are current for one (1) year from its effective date. In order to renew a Local Business Certification, the Applicant must submit an updated Complete Application.

MDX may request additional documentation in order to verify the information provided herein.

Local Business Certifications will be provided electronically.

# LOCAL BUSINESS CERTIFICATION APPLICATION

## A. Basic Information of Applicant

Name of Applicant: \_\_\_\_\_

Applicant FEIN: \_\_\_\_\_

Applicant Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Business Structure: Limited Liability Company (LLC)  Corporation  Sole Proprietorship

Limited Liability Partnership (LLP)  Partnership  General Partnership

Limited Partnership (LP)

Type of Services/Goods provided by Applicant: \_\_\_\_\_

\_\_\_\_\_

## B. Local Business Eligibility Criteria

Pursuant to the MDX Local Business Participation Policy, the Applicant must meet two (2) of the three (3) Local Business Eligibility Criteria listed below in order to be certified.

**Criteria #1: Applicant's Main Office must be located in Miami-Dade County for a minimum of two (2) years.**

Applicant's Main Office Address: \_\_\_\_\_

\_\_\_\_\_

Length of Time at this Location: \_\_\_\_\_

If less than two (2) years at the above location, list all previous addresses for the two (2) year time period:

Previous Address: \_\_\_\_\_

\_\_\_\_\_

Length of Time at this Location: \_\_\_\_\_

Number of Principals in the firm: \_\_\_\_\_

What number of the Applicant's Principals work from the Main Office? \_\_\_\_\_

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**Criteria # 2: The individuals who collectively own a minimum of sixty percent (60%) of the Applicant must reside in Miami-Dade County.**

	Owner 1	Owner 2	Owner 3
Name:			
Title:			
Residence Address:			
% of Ownership:			
Ethnicity/ Gender (Opt.):			

If additional space is needed to include all owners of the Applicant, please submit all of the above information on a separate page in this table format.

**Criteria # 3: The majority of the Applicant's Employees must reside in the Tri-County area**

Number of Employees\*: Permanent/Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_

*\*the number of Employees shall include all Employees of the Applicant working from all office locations.*

Number of Employees residing in the Tri-County Area: \_\_\_\_\_

What number of the Applicant's Employees work from the Main Office? \_\_\_\_\_

## C. Required Documentation:

Along with this completed application, the Applicant shall submit the following documentation:

- a) Copy of valid driver's license of each owner. The driver's license must show the correct residence address as listed above in Criteria 2;
- b) Copy of Local Business Tax Receipt issued by either Miami-Dade County or a city and/or municipality located within the Miami-Dade County boundaries; and
- c) A list of Employees shall be submitted with the Employee's name and home address. The Applicant is responsible for the accuracy of the list. At the time of certification as a Local Business, the majority of the firm's Employees must reside in the Tri-County Area.

**MDX will not process an application unless the above required documentation is provided.**

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## D. Affidavit:

Before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who being first duly sworn deposes and affirms that the information provided herein and attached hereto is true and correct to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant's Authorized Officer

\_\_\_\_\_  
Print Name of Applicant's Authorized Officer

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
My Commission Expires:

(Notary Public Seal)

## E. FOR MDX USE ONLY

Criteria #1 \_\_\_\_\_ Length of time Applicant's Main Office has been located in Miami-Dade County.

Criteria #2 \_\_\_\_\_ % Percentage of the Applicant's ownership that reside in Miami-Dade County.

Criteria #3 \_\_\_\_\_ % Percentage of the Applicant's Employees that reside in the Tri-County Area.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed and Processed:**

**Approved**

**Not Approved**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Helen M. Cordero, CPPB

Title: \_\_\_\_\_

Manager of Procurement & Contract Administration

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_