Print Form

City and County of San Francisco
Human Rights Commission
Chapter 14B San Francisco Local Business Enterprise Certification & Compliance
Employment, Fair Housing & Public Accommodations Discrimination
Lesbian Gay Bisexual Transgender & HIV Discrimination
Chapter 12B Equal Benefits Compliance

PUC-LBE

Certification Application
(San Francisco Administrative Code Chapter 14B)

SECTION I: BUSINESS INFORMATION

Business Name:

Primary Place of Business:
Address
City **State** **Zip Code**

Check all that apply: ☐ ***Home Office*** ☐ ***Own*** ☐ ***Lease***

Mailing Address:
☐ ***Same as Above***
Address
City **State** **Zip Code**

Contact Information:
Phone **Fax**
Cell **Email**

Federal Employer ID Number (FEIN):
☐ ***No FEIN***

City Vendor Number:
☐ ***No Vendor Number***

Business Type:
☐ ***Sole Proprietorship*** ☐ ***Partnership***
☐ ***LLC*** ☐ ***Corporation (Including S-Corps)***

Additional Locations, if any:
(e.g., satellite offices, storage units, warehouses, etc...)

***Sample Format*: 111 Street, City, State 95030 (Equipment Storage)**

Truckers/Haulers:
Indicate where you park your vehicle(s) .

SECTION II: OWNERSHIP & EMPLOYEE DATA

Owners/Shareholders (First and Last Name)	Ownership %	Professional and/or Contractor License(s) , if any	Ethnicity (optional)	Female (optional) (Y/N)	Full-time employee of the City & County of San Francisco (Y/N)

Total Number of All Employees	*Current Year*
Total Number of ALL Employees	

Number of Field Employees	*Current Year*
Total number of field employees	

SECTION III: GOODS AND SERVICES

Identify the goods and services you provide and for which you are seeking certification.
For a list of goods and services eligible for LBE certification, go to: **http://sf-hrc.org/Modules/ShowDocument.aspx?documentid=598**

SECTION IV: REQUIRED SUPPORTING DOCUMENTS

Submit All Required Documents with Your Application
(Be Sure to Complete the Document Checklist Provided Below)

☐ *Submitted*
☐ *NA*

Verification of Primary Place of Business: Provide a copy of your lease or other written agreement with proof of recent rent payment for your primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

☐ *Submitted*
☐ *NA*

Verification of Additional Locations: Provide a copy of your lease or other written agreement with proof of recent rent payment for each additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

Truckers/Haulers: If you park your vehicle(s) on the street, check NA.

☐ *Submitted*
☐ *NA*

Six months of Continuous Operations: Provide a copy of your current business license issued by the locality in which your primary place of business is located. ***If license was issued less than six months ago***, ***also provide a copy of your most recently expired business license.***

Truckers/Haulers: Provide copies of **(1)** your DMV Motor Carrier Permit and **(2)** proof of ownership for each vehicle in your fleet (e.g., vehicle registration or title). ***You are not required to obtain or submit a business license***.

☐ *Submitted*
☐ *NA*

Verification of Business Type:

Sole Proprietorships: Check NA
Partnerships: Provide a copy of your partnership agreement. If you do not have one, check NA.
Corporations (including S-Corps): Provide a copy of your Articles of Incorporation.
LLCs: Provide a copy of your Articles of Organization.

☐ *Submitted*
☐ *NA*

Verification of Ownership Percentages: Provide proof of ownership percentages for each owner/principal identified in Section II (e.g., up-to-date stock transfer ledger, most recent K-1 Schedules, etc). **Sole Proprietorships:** Check NA.

☐ *Submitted*
☐ *NA*

Woman or Minority Owned Businesses: For each owner/principal which you identified as Female or an Ethnic Minority in Section II, provide proof of gender or nationality (e.g., passport, driver's license, birth certificate, etc.).

☐ *Submitted*
☐ *NA*

Verification of Employee Data (1): Provide a copy of your most recently filed annual W-3 Transmittal of Wage and Tax Statement filed with the Social Security Administration. If you did not pay wages last year, check NA.

☐ *Submitted*
☐ *NA*

Verification of Employee Data (2): Provide copies of all quarterly DE9C payroll reports you filed with the CA Employment Development Department last year. If you did not pay wages last year, submit copies of all DE9C payroll reports you filed with the EDD this year. If you did not pay wages during either period, check NA.

☐ *Submitted*
☐ *NA*

Verification of Goods and Services: Provide copies of invoices with proof of payment and/or contracts signed by your clients as evidence of your ability to provide the goods and services for which you seeks to be certified. Provide one sample for each category identified in Section III.

Verification of Average Gross Receipts: To determine your average gross receipts for the last three years, submit the following documents.

Sole Proprietorships:

☐ *Submitted*
☐ *NA*

Three most recently filed personal federal income tax returns. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any.*

All other Business Types:

☐ *Submitted*
☐ *NA*

(1) Three most recently filed federal income tax returns for your *business Submit only the first page (Form 1120, 1120S or 1065), Schedule E, depreciation schedules, and K-1 Schedules, if any.*

AND

☐ *Submitted*
☐ *NA*

(2) Three most recently filed personal federal income tax returns for each owner identified in Section II. *Submit only the first two pages (Form 1040 and signature page), depreciation schedules, and Schedules C, E and/or F, if any .*

We reserve the right to request additional information and/or documents once we have reviewed your application and accompanying documents.

SECTION V: AFFIDAVIT

The undersigned owner/principal identified in Section II declares and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit the audits and examination of the books, records and files of the named firm to verify the information submitted in this application. Any material misrepresentation will be grounds for initiating criminal and civil actions under federal, state and local laws and for terminating any contract awarded pursuant to this Certification.

Full Name	
Signature	
Date	

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

San Francisco Human Rights Commission
25 Van Ness Avenue, Suite 800
San Francisco, CA 94102-6033
Attention: Certification Unit

For more information, visit www.sf-hrc.org or call (415) 252-2520.