



CITY OF SALINAS
DECLARATION OF LOCAL BUSINESS ENTERPRISE

Business Information (All information must be completed)
(Please type or print clearly in ink)

Business Name: _____

Business Address: _____

Principal Business Office Address: _____, Salinas, California _____

City of Salinas Business License Number: _____

No. of Employees: _____ No. of Full-Time Employees in Salinas _____

Current on all City of Salinas taxes, fees, assessments, and fines? Yes No

Currently subject to enforcement action by the City or in litigation with the City? Yes No

Year began doing business within the city of Salinas: _____

Newly established business (doing business within the city of Salinas less than one year): is the newly established business owned by an individual(s) formerly employed by a local business enterprise? Yes No If Yes, for what years? _____

Any person claiming to be a local business enterprise as defined in Article III-A of Chapter 12 of the Salinas Municipal Code shall so certify in writing under penalty of perjury that they meet all the criteria listed in Salinas Municipal Code section 12-28.020, subsection (d). A local business enterprise shall be required to submit such declaration on an annual basis and shall immediately notify the City's Purchasing Officer if there is any change in circumstances which would disqualify it from application of the preference. The City shall not be responsible or required to verify the accuracy of any such certifications and shall have sole discretion to determine if a person meets the definition of "local business enterprise."

CERTIFICATION

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. Under penalties of perjury, I certify that all the information provided herein is correct and that the business enterprise I am representing meets all of the criteria set forth in Salinas Municipal Code section 12-28.020, subsection (d) for a "local business enterprise." I declare that I am authorized to submit this Declaration for and on behalf of myself and the organization described above.

Signature _____

Date _____

Printed Name: _____