City of Columbia
Qualification Statement - Local Business Enterprise (LBE)

By checking all boxes below, I certify that **My Company** meets all of the following qualifications to be eligible for the local vendor preference. I understand qualifications *will* be researched and verified by the Compliance Team. The City reserves the right to audit the company's qualifications for the local vendor preference as the City deems necessary and re-certify the company at least once every four years. A company must be certified PRIOR to bid openings. Please note that franchises do not qualify for LBE Preference, if the corporate office is not located within the Columbia-Orangeburg-Newberry CSA. ***Items below with an asterisk require additional documentation that needs to be submitted along with the qualification statement.**

☐ Is independently owned and operated (Ownership of a local business must be direct, independent, and by individuals and/or other businesses within the Columbia-Orangeburg-Newberry CSA. Company owner must provide document verification of local residency). ***Please provide a copy of the owner's driver's license.**

☐ Is in good standing with State of South Carolina (LBE firm must be in good standing with the State of South Carolina regarding its payments of taxes and required business licenses). ***If not registered with the Secretary of State please provide a copy of your Schedule C (Form 1040) to show sole proprietorship.**

☐ Has a business license in one of the 8 counties making up the CSA jurisdiction. ***Please provide a copy of your business license.**

☐ Has at least one year of presence within the CSA Jurisdiction (LBE must have presence within any of the 8 CSA jurisdictions for at least one year prior to applying for LBE Certification issued by the City of Columbia).
8 CSA Jurisdictions include: Calhoun, Fairfield, Kershaw, Lexington, Newberry, Orangeburg, Richland and Saluda.

☐ Has at least 50% of employees residing within any of the 8 CSA jurisdictions. ***Please provide a list of all owner/employee addresses -** *Names are optional, give street address, city, state & zip. Please include full-time, part-time, and contract employees.*

☐ ***Please provide a copy of your company's W-9.**

Note: Term of certification: Certification is valid for a period of 4 years from issue date. 30 days prior to expiration the LBE firm may submit documentation to re-certify.

Company Name:_____

Address:_____**Type of Products or Services:** _____

Please self-identify ownership as one: Minority__ **Women-owned**___ **Other**_____ **(tracking purposes only)**

Current Business License Number:_____**County?**_____

Phone Number:_____**Email:** _____**COC Vendor #**_____

I certify with my signature below that all of the information given above is true **and accurate to the best of my knowledge. I also recognize that by signing that any false information indicated above may lead to penalties or sanctions.**

Owner's Name:_____(Print)_____(Signature)

NOTARY - Sworn to before me this_____**day of**_____**20**_____

Notary Public for the State of_____**My Commission Expires:** _____

Notary Name:_____(Print)_____(Signature)

Please submit this **ORIGINAL** document to:
Office of Business Opportunities
Attn: Cassandra Fletcher – Compliance
Office 1401 Main Street, 4th Floor
Columbia, SC 29201

Office of Business Opportunities
Attn: Latonya Germany – Compliance Office
1401 Main Street, 4th Floor
Columbia, SC 29201
Contact: (803) 545-3950 **Email:** OBOCompliance@columbiasc.gov

☐ Qualified / ☐ Not Qualified:_____Date: _____
(Compliance Authorized Signature)