



LOCAL BUSINESS CERTIFICATION APPLICATION

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 GMX as a Local Business pursuant to its Local Business Participation Policy (copy may be found on www.GMX-way.com), the Applicant must fill out this application and provide a Complete Application. A Complete Application must be submitted to the GMX Procurement Department located at 3790 NW 21st Street, Miami, FL 33142. Applications may be submitted in person at GMX Headquarters, mailed to the above address, or emailed to the Procurement inbox at procurementdept@gmx-way.com.

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.

GMX 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 GMX 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: The individuals who collectively own a minimum of sixty percent (60%) of the Applicant must reside in Miami-Dade County or Monroe 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.

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Criteria #2: Applicant's Main Office must be located in Miami-Dade County or Monroe 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? _____

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 Local Business Tax Receipt issued by either Miami-Dade County, Monroe County or a city and/or municipality located within the Miami-Dade County and Monroe County boundaries;
- b) A list of employee's shall be submitted with each 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. If the Applicant employs field personnel, the list must also specify the county or counties in which those Employees primarily operate;
- c) The Applicant must provide a non-DMV-issued identification (e.g., current utility bill, or similar document) confirming the Applicant's residence within Miami-Dade County or Monroe County, as required under Criteria #1;
- d) GMX reserves the right to request any additional information required to process the request.

GMX 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 GMX USE ONLY

Criteria #1 _____% Percentage of the Applicant's ownership that reside in Miami-Dade County or Monroe County.

Criteria #2 _____ Length of time Applicant's Main Office has been located in Miami-Dade County or Monroe 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: _____

Jose Hidalgo, MBA, CPPB, FCCM

Title: _____

Procurement Manager

Date: _____

Date: _____

CERTIFICATION #: ____ - ____ - _____ - ____