



NOTICE

A NON-REFUNDABLE FEE OF \$250.00 IS REQUIRED WITH ALL LSB APPLICATIONS SUBMITTED ON OR AFTER SEPTEMBER 1, 2005

The Uniform Certification Agency
Certification Application

P.O. Box 3060

Memphis, TN 38173

Phone: (901) 525-6512

Fax: (901) 525-5204

For Office Use Only

Received Date: _____ Int: _____

___ Complete ___ Incomplete ___ Notarized

___ Site Visit ___ Approved ___ Denied

LSB ID# _____ ___ Processed

**Memphis Light, Gas and Water Division
LOCAL SMALL BUSINESS**

Date of Application _____ / _____ / _____ (Month, Day, Year)

NAICS Code (s) _____ SIC Code(s) _____

Ownership Classification:

___ Local Small Business (LSB) ___ Joint Venture ___ Other _____

I. BUSINESS INFORMATION

Name of Business _____ D&B Number _____

Contact Person _____ Title _____

Business Street Address (also mailing address if different) _____

City _____ County _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-Mail _____ Website _____

Federal ID Number: _____ (or) SSN: _____

Date Business Was Established _____ / _____ / _____ (Day, Month, Year)

Has this business ever existed under a different name? If so, list different name(s) _____

List or attach location of all facilities _____

Major products and/or services offered _____

Check One

___ Purchased existing business ___ Started business ___ Secured franchise
___ Merger or consolidation ___ Other (please specify) _____

Date of Acquisition _____ / _____ / _____ (Month, Day, Year)

Total Number of Actual Employees _____

Business Name _____

Name of Attorney _____ Telephone _____

Business Street Address _____

Name of CPA _____ Telephone _____

Business Street Address _____

Gross annual sales (projected sales, if in business less than one year): _____

Legal Structure (check one)

Proprietorship Partnership Corporation Joint Venture
 Limited Liability Company Other _____

Type of Business (check one)

Manufacturing Professional Services Construction Finance
 Transportation Service Distributorship
 Other _____

II. MANAGEMENT INFORMATION

Name & Title	Handles Daily Management? Yes/No	County of Residence	Percentage of Ownership	Citizenship Status 1-By Birth 2-Naturalized Citizen

- A. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? Check One: Yes No
If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.
- B. Is the applicant business concern involved in any present or pending lawsuit? Check One: Yes No
If yes, provide details on a separate sheet.
- C. Is the applicant business concern involved in a bankruptcy or insolvency proceeding?
Check One: Yes No
- D. Have you ever been rejected for certification by any agency? Check One: Yes No
If yes, state by whom: _____
- E. What other current certifications does your company have? _____

III. THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION

Section I. Required Documents for All Applicants

- ___1. Proof of residence of majority owners. (i.e. residential utility bill)
- ___2. Current Financial Statement prepared by an independent CPA or Accountant.
(New business: Projection Statement for 1st year)
- ___3. Evidence of Shelby County business establishment. (i.e. business license)

Section II. Required Documents by form of Legal Organization

(Complete either Section A, B, C, or D according to your type of organization)

A. Corporation

- ___1. Prior three-year's Federal Corporate Tax returns including all schedules. (Must be available for review during site visit.)
- ___2. Articles of Incorporation/Charter and Amendments (copies) verifying Tennessee based corporation.
- ___3. Certificate of Existence.
- ___4. Copies of all stock certificates issued (front and back).
- ___5. Proof of stock purchase.
- ___6. Copies of third party agreements, such as rental or management service agreements (if applicable).

B. Partnership

- ___1. Prior three (3) years Federal Partnership Tax returns, including all schedules or all partners. (Must be available for review during site visit.)
- ___2. Partnership Agreement.

C. Sole Proprietor

- ___1. Prior three (3) year's Federal Sole Proprietorship Tax returns, including all schedules. (Must be available for review during site visit.)

D. Limited Liability Company

- ___1. Prior three years Federal Partnership Tax returns including all schedules, include same information for affiliate firms. (Must be available for review during site visit.)
- ___2. Articles of Organization and amendments (copies).
- ___3. Certificate of Existence.
- ___4. Operating Agreement.
- ___5. Copies of third party agreements, such as rental/lease or management service agreements (if applicable).

Each applicant will receive site visit and undergo a personal interview with a member of the Uniform Certification Agency's staff.

Read the following paragraphs carefully!

Your signature on this application indicates acceptance and understanding of the following conditions.

- A. Omission of information may be cause for this application not receiving timely and complete consideration.
- B. Applicant agrees to allow the certifying agency representative (s) access to and the right to a site visit of the applicant's place of business.
- C. The certifying agency reserves the right to request information necessary to clarify evidence of local establishment, owner residency or size standard.
- D. Applicant agrees to immediately notify the certifying agency of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- E. Certification may be terminated at any time for good cause by the certifying agency in accordance with the guidelines established by the agency from time to time or for the best interests of the agency.
- F. All information in this application is true and accurate and is submitted for consideration of this certification.
- G. If the certifying agency discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. In addition, reapplication for certification, under these circumstances, will be restricted.
- H. All materials submitted with this package shall become the property of the certifying agency.
- I. If the application is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the agency from time to time.
- J. The undersigned hereby swears under penalty of law that all statements made in this application are true.
- K. The undersigned agrees to hold the certifying agency harmless for any claims arising out of this application and agrees to indemnify the agency for any liability in connection with the certification of the applicant.

Business Name _____

Signature of proprietor, all partners or president of corporation.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature of Applicant Date

Printed Name

(Seal) This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- Application Must Be Notarized -

Memphis Light, Gas and Water Division Local Small Business Certification Application Information

A Local Small Business (LSB) is defined as a business which is located in Shelby County, Tennessee, whose average gross annual sales in the last three years are less than SIC category limits for the contractor SIC code found in 13 CFR, Part 121.601, and which is at least 51 percent owned, operated and controlled by a resident or residents of the Metropolitan Statistical Area. Local small businesses must obtain and renew certification of their classification annually.

Please Note: **The Local Small Business Certification granted by the Uniform Certification Agency is only recognized by Memphis Light, Gas and Water Division.** Minority or Woman-Owned businesses seeking certification should apply for certification as a Minority Business Enterprise (MBE) or Woman Business Enterprise (WBE). These certifications are also recognized by Memphis Light, Gas and Water Division.

When additional space is required, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional sheet and exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write 'not applicable' (NA) in the space provided. You must include all attachments required on page 3 unless it is noted that the documents must be provided for review at the site visit. The application must be signed, notarized and dated.

Uniform Certification Agency

Phone: (901) 525-6512

Fax: (901) 525-5204

www.mmbc-memphis.org

Mail completed applications to:

The Uniform Certification Agency

P. O. Box 3050
Memphis, TN 38173

For Courier or Overnight Deliveries

The Uniform Certification Agency

158 Madison Suite 300
Memphis, TN 38103