



**CITY OF SACRAMENTO, CALIFORNIA
VENDOR REGISTRATION**

**And
SMALL BUSINESS CERTIFICATION APPLICATION**

VENDOR REGISTRATION: COMPLETE AND SUBMIT PAGE 1, SECTIONS I-IV.

SMALL BUSINESS CERTIFICATION: COMPLETE AND SUBMIT REGISTRATION AND ALL APPLICABLE SECTIONS, PAGES 1-4, SECTIONS I-XII.

PROVIDE SIGNATURE(S) IN REQUIRED SECTIONS.

DIRECT QUESTIONS TO: PROCUREMENT SERVICES DIVISION (916) 808-6240, OR OFFICE OF SMALL BUSINESS (916) 808-7223

SECTION I: COMPANY DETAILS

*PLEASE TYPE OR PRINT LEGIBLY. * DENOTES REQUIRED FIELD*

* FEDERAL TAX I.D. NO. OR SOCIAL SECURITY NO.		STATE TAX I.D. NO.	
* BUSINESS NAME:		DBA NAME(S):	
* MAILING ADDRESS		BUSINESS ADDRESS (IF DIFFERENT FROM MAILING)	
CITY	STATE	ZIP	CITY STATE ZIP
BUSINESS E-MAIL	BUSINESS FAX	BUSINESS ESTABLISHED DATE	
*BUSINESS PRINCIPAL OWNER/CEO NAME & TITLE PHONE: EMAIL:		* BUSINESS CONTACT NAME & TITLE PHONE: EMAIL:	
BUSINESS WEBSITE:		* NUMBER OF EMPLOYEES:	
BUSINESS STRUCTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> LIMITED LIABILITY COMPANY		COMPANY CLASS <input type="checkbox"/> OTHER <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICE <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WHOLESALE <input type="checkbox"/> PROFESSIONAL (A/E) <input type="checkbox"/> MATERIAL SUPPLIER <input type="checkbox"/> PROFESSIONAL (OTHER) <input type="checkbox"/> NON-MANUFACTURING	

***SECTION II: BUSINESS DESCRIPTION**

USE "KEY WORDS" IDENTIFYING COMMODITIES AND/OR SERVICES COMPANY PROVIDES.

***SECTION III: NIGP CODES**

SELECT NATIONAL INSTITUTE OF GOVERNMENT PURCHASING CODES (NIGP) THAT APPLY TO THE BUSINESS. ENTER UP TO TWELVE 5-DIGIT NIGP CODES. CLASSIFICATION CODES ARE AVAILABLE ONLINE: WWW.CITYOFSACRAMENTO.ORG/ECONDEV/BUSINESS-OPEN/SUB_SMALL-BUSINESS-CERTIFICATION.CFM. USE SECTION XI, ADDITIONAL COMMENTS TO SPECIFY COMMODITIES AND/OR SERVICES NOT FOUND.

CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE
NIGP (5 DIGITS)		NIGP (5 DIGITS)		NIGP (5 DIGITS)		NIGP (5 DIGITS)	
NIGP (5 DIGITS)		NIGP (5 DIGITS)		NIGP (5 DIGITS)		NIGP (5 DIGITS)	

SECTION IV: CALIFORNIA LICENSED CONSTRUCTION FIRMS

LIST THE FOLLOWING FOR EACH LICENSE HELD: INDICATE "N/A" IF NOT APPLICABLE.

LICENSE CLASSIFICATION	LICENSE NUMBER	EXPIRATION DATE

E-MAIL NOTIFICATION: SIGN UP FOR AUTOMATIC E-MAIL NOTIFICATION WHEN CITY OF SACRAMENTO CONTRACTING OPPORTUNITIES BECOME AVAILABLE AT: www.cityofsacramento.org/pss/forms/bid_notification.

IF YOU WISH TO BE ENTERED INTO CITY'S VENDOR DATABASE ONLY.

CONTINUE TO COMPLETE OSB APPLICATION IF YOU WISH TO BE CERTIFIED AS AN EMERGING/ SMALL BUSINESS ENTERPRISE.

CITY OF SACRAMENTO



SMALL BUSINESS CERTIFICATION

***SECTION V: BUSINESS COMMODITIES/SERVICES SEARCH**

TO ENABLE A DATABASE SEARCH TO LOCATE COMPANY, USE "KEY WORDS" IDENTIFYING COMMODITIES, SERVICES, AND INDUSTRY.

***SECTION V: SIC CODES**

SELECT STANDARD INDUSTRY CLASSIFICATION (SIC) CODES THAT APPLY TO THE BUSINESS. ENTER UP TO EIGHT 4-DIGIT SIC CODES. CLASSIFICATION CODES ARE AVAILABLE ONLINE: WWW.CITYOFSACRAMENTO.ORG/ECONDEV/BUSINESS-OPEN/SIC_CODE_SUB_SMALL-BUSINESS-CERTIFICATION.CFM USE SECTION XI, ADDITIONAL COMMENTS TO SPECIFY COMMODITIES AND/OR SERVICES NOT FOUND.

CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE	CODE TYPE	INDICATE CODE
SIC (4 DIGITS)		SIC (4 DIGITS)		SIC (4 DIGITS)		SIC (4 DIGITS)	
SIC (4 DIGITS)		SIC (4 DIGITS)		SIC (4 DIGITS)		SIC (4 DIGITS)	

***SECTION VI: OPTIONS OF REPORTING GROSS RECEIPTS**

CHECK ONE OF FOUR OPTIONS PROVIDED BELOW.

SUBMITTAL OF AFFIDAVIT: COMPLETE AND SUBMIT SECTION XII: AFFIDAVIT OF UN-AUDITED INCOME IF ONE OF THE FOLLOWING CONDITIONS APPLY:

- THE MOST RECENT TAX YEAR HAS ENDED, TAX RETURNS FOR THAT YEAR HAVE NOT BEEN FILED, AND THE FILING DEADLINE HAS NOT YET PASSED.
- THE BUSINESS HAD NOT BEEN ESTABLISHED FOR THREE YEARS.(ALSO SUBMIT TAX RETURNS IF FILED IN THE THREE YEAR PERIOD).

SUBMITTAL OF CPA STATEMENT:

- IN LIEU OF FEDERAL TAX RETURNS, SUBMIT A SIGNED WRITTEN STATEMENT FROM THE FIRM'S CERTIFIED PUBLIC ACCOUNTANT (CPA). THIS STATEMENT MUST BE ON THE CPA'S LETTERHEAD STATIONERY, ADDRESSED TO THE CITY'S OFFICE OF SMALL BUSINESS, STATING TOTAL GROSS RECEIPTS FOR THE IDENTIFIED THREE-YEAR PERIOD.

SUBMITTAL OF CURRENT STATE DGS CERTIFICATION:

- IN LIEU OF FEDERAL TAX RETURNS, AFFIDAVIT OF UN-AUDITED INCOME STATEMENT, OR CPA STATEMENT, SUBMIT COPY OF CURRENT CERTIFICATION FOR A SMALL OR MICRO BUSINESS ENTERPRISE, ISSUED BY THE STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES (DGS), AND PROVIDE CERTIFICATION NUMBER AND EXPIRATION DATE IN SECTION VII BELOW.

SECTION VII: STATE OF CALIFORNIA CERTIFICATIONS

CHECK APPLICABLE:	CERTIFICATION NUMBER(S)	EXPIRATION DATE(S)
<input type="checkbox"/> DGS SMALL/MICRO BUSINESS		
<input type="checkbox"/> DBE		

SECTION VIII: DIVERSITY QUESTIONNAIRE

THE FOLLOWING RESPONSES ARE VOLUNTARY AND ARE GATHERED FOR THE PURPOSE OF TRACKING GENERAL PARTICIPATION, AND FOR EVALUATING THE EFFECTIVENESS OF THE CITY OF SACRAMENTO'S INCLUSIVENESS EFFORTS IN CONTRACTING AND PROCUREMENT ACTIVITIES. THIS INFORMATION IS NOT CONSIDERED AS PUBLIC CONTACT INFORMATION.

CHECK ONE: MALE FEMALE

CHECK ONE BOX FOR THE ETHNICITY CATEGORY WITH WHICH THE OWNERSHIP/MANAGEMENT OF THE FIRM MOST CLOSELY IDENTIFIES. SEE "DEFINITION OF TERMS" ONLINE: WWW.CITYOFSACRAMENTO.ORG/ECONDEV/BUSINESS-OPEN/SMALL-BUSINESS-CERTIFICATION.CFM

- WHITE AFRICAN AMERICAN HISPANIC ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKA NATIVE

SECTION XII: AFFIDAVIT OF UN-AUDITED INCOME

READ ATTACHED "INSTRUCTIONS" BEFORE COMPLETING.

I _____ attest to the truthfulness and accuracy of this Affidavit and
(PRINT NAME)

have the authority to make this representation on behalf of:

NAME OF APPLYING FIRM

I promise to provide a copy of the represented firm's Federal Tax Return, or statement submitted by Certified Public Accountant re: audited financial records, within 90 days of filing, or provide copy of filed Extension with U.S. Internal Revenue Service.

The total annual gross receipts for Tax Year 200____, ending ____/____/____
is estimated to be \$ _____.
(NEAREST DOLLAR)

Failure to provide a copy of the Federal Tax Return or audited financial statement may result in suspension and/or revocation of the firm's certification status.

Under penalty of perjury, I certify that the foregoing is true and correct.

NAME OF AUTHORIZED REPRESENTATIVE: _____

AUTHORIZED SIGNATURE: _____ DATE _____

SUBMIT COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:

**CITY OF SACRAMENTO
OFFICE OF SMALL BUSINESS (OSB)
915 I STREET, 3RD FLOOR
SACRAMENTO, CA 95814**

TELEPHONE: (916) 808-7223

FAX: (916) 808-6765

WEBPAGE: WWW.CITYOFSACRAMENTO.ORG/ECONDEV/BUSINESS-OPEN/SMALL-BUSINESS-CERTIFICATION.CFM

AFFIDAVIT OF UN-AUDITED INCOME

INSTRUCTIONS

This Affidavit is to be submitted by those businesses that have not yet filed Federal Tax Returns (FTRs) for the most recently completed tax year.

NOTE: The City of Sacramento Office of Small Business (City OSB) considers your most recently completed tax year to be the date when your tax year (or fiscal year) ends; **NOT** the date your tax returns are prepared or completed, nor the Internal Revenue Service (IRS) due date.

Complete one Affidavit for each FTR that will be submitted to the City OSB, which has not yet been filed with the IRS (e.g., a Sole Proprietorship would prepare one Affidavit in substitute for 1040 Schedule C due; a Partnership would prepare one Affidavit in substitute for the FTR Form 1065 due; a Corporation would prepare one Affidavit in substitute for the FTR 1120 due). Additionally, an Affidavit must be submitted for each affiliate firm's taxes due.

The Affidavit must be completed by someone who has the authority to make such a representation on behalf of the applicant firm. The person completing the Affidavit enters:

- His or her name
- Name of the applicant firm
- The tax year for which the Affidavit is being presented *
- The ending date of the tax year for which the Affidavit is being presented *
- The amount of estimated "annual gross receipts" for which the Affidavit is being presented (which will be the amount reported to the IRS on the corresponding FTR).

***For example:** If City OSB requests your fiscal year-end 12/31/05 FTR, the Affidavit would indicate a 2005 tax year, with a 12/31/05 ending date. City OSB will not accept Affidavits prepared with incorrect tax years.

If the FTR filing date deadline has passed, it will be necessary to attach a copy of a valid tax filing extension, along with the Affidavit. City OSB will not accept Affidavits past the filing due date without a valid Federal IRS extension. If you file a tax extension after submitting the Affidavit to City OSB, you **MUST** provide City OSB with a copy of the filed and dated extension.

Affidavits that expire with expiration of IRS filing or extension dates will effect expiration or termination of certification status. Once the FTRs are prepared, forward a copy of the **SIGNED** and dated FTR to City OSB. Failure to provide City OSB with the FTRs, and all statements and schedules, within the 90 days, will result in suspension and/or revocation of your certification status.