

Town of Miami Lakes Local Vendor Preference Certification

The Town of Miami Lakes Procurement Ordinance, 12-142 provides preferences to local businesses if the business entity meets the requirements for the vendor preference and the applicable bid or proposal meets the thresholds established in the Procurement Ordinance. Details on these requirements and thresholds can be found by visiting the Town's Procurement webpage at http://www.miamilakes-fl.gov/c-our_govt/admin-procurement.php.

By completing the information required below and submitting this form the business entity certifies that it meets the requirements for local preference as stipulated in the Procurement Ordinance. **This form must be submitted with the business entities response to a solicitation. The Town, at its sole discretion, may allow for the form to be submitted after the date and time stated for the bid or response to be received by the Town.**

Solicitation Number: Solicitation No. Title: Title

Mark each of the following as applicable:

- ☐ The business entity possesses a current business tax receipt and certificate of use issued at least six (6) months prior to the issuance of the solicitation and services will be provided solely from the place of business located in the Town of Miami Lakes
- ☐ At least forty percent (40%) of the business entity's ownership resides in the Town prior to the issuance of the solicitation.

Additional information may be requested to determine if the business entity is entitled to the local preference.

This certification is submitted with the full knowledge that should the Town determine that any of the information provided prove to be false the business entities bid/response may be rejected and the business entity may be excluded from bidding on future solicitation for a period of up to three (3) years.

Name of Business Entity: Name of Business Entity

Address: Address

Tax ID/FEIN/SSN: Tax ID/FEIN/EIN/SSN

Contact Name: Contract Name Title: Title

Phone No.: Phone No. E-Mail: Email Address

Signature: _____ Date: Date

BEFORE ME, the undersigned authority, personally appeared _____ to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that _____ executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this ____ day of _____, ____.

My Commission Expires:

Notary Public State of Florida at Large

