

THE SCHOOL BOARD OF POLK COUNTY, FLORIDA

P.O. Box 391
Bartow, Florida 33831-0391

1915 South Floral Avenue
Bartow, Florida 33830-7124

AFFIDAVIT

Small Business Enterprise Program (SBEP)

*** PLEASE PRINT OR TYPE LEGIBLE. VENDOR MUST COMPLETE ALL SPACES PROVIDED. ***

The undersigned swears (and affirms) that the forgoing statements concerning the location of the Business, annual sales volume, number of employees and other expressed criteria accurately describe the operations of my business.

Name of Business

Name of Owner

Principal Contact for Business

Street Address

Mailing Address (Only if different than street address)

City

State

Zip Code

Business Number (With area code)

Mobile Number (With area code)

Fax Number (With area code)

E-Mail Address

Federal Employee ID Number (FEIN): _____

Type of Industry/Nature of Business: _____

Date firm was established: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

On this _____ day of _____ 20____, before me appeared

(Name) _____ produced _____ as

Identification, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly
Authorized by (name of business) _____ to
Execute the affidavit and did so as a free act and deed.

WITNESS my hand and official seal this _____ day of _____ A.D. 2008.

(AFFIX NOTARY SEAL)

Print Name _____

My Commission Expires: _____