



City of Columbia Qualification Statement - Local Business Enterprise (LBE)

By checking all boxes below, I certify that **My Company** meets all of the following qualifications to be eligible for the local vendor preference. I understand qualifications *will* be researched and verified by the Compliance Team. The City reserves the right to audit the company's qualifications for the local vendor preference as the City deems necessary and re-certify the company at least once every four years. A company must be certified PRIOR to bid openings. Please note that franchises do not qualify for LBE Preference, if the corporate office is not located within the Columbia-Orangeburg-Newberry CSA. ***Items below with an asterisk require additional documentation that needs to be submitted along with the qualification statement.**

Is independently owned and operated (Ownership of a local business must be direct, independent, and by individuals and/or other businesses within the Columbia-Orangeburg-Newberry CSA. Company owner must provide document verification of local residency). ***Please provide a copy of the owners driver's License.**

Is in good standing with State of South Carolina (LBE firm must be in good standing with the State of South Carolina regarding its payments of taxes and required business licenses). ***If not on Secretary of State site please provide a copy of your Schedule C (Form 1040) to show sole proprietorship.**

Has a business license in one of the 8 counties making up the CSA jurisdiction. ***Please provide a copy of your business license.**

Has at least one year of presence within the CSA Jurisdiction (LBE must have presence within any of the 8 CSA jurisdictions for at least one year prior to applying for LBE Certification issued by the City of Columbia).
8 CSA Jurisdictions include: Calhoun, Fairfield, Kershaw, Lexington, Newberry, Orangeburg, Richland and Saluda.

Has at least 50% of employees residing within any of the 8 CSA jurisdictions. ***Please provide a list of all owner/employee addresses - Names are optional, give street address, city, state & zip. Please include full-time, part-time, and contract employees.**

***Please provide a copy of your company's w-9.**

Note: Term of certification: Certification is valid for a period of 4 years from issue date. 30 days prior to expiration the LBE firm may submit documentation to re-certify.

Company Name: _____

Address: _____ Type of Products or Services: _____

Please self-identify ownership as one: Minority___ Women-owned___ Other___ (tracking purposes only)

Current Business License Number: _____ County? _____

Phone Number: _____ Email: _____ COC Vendor # _____

I certify with my signature below that all of the information given above is true and accurate to the best of my knowledge. I also recognize that by signing that any false information indicated above may lead to penalties or sanctions.

Owner's Name: _____ (Print) _____ (Signature)

NOTARY - Sworn to before me this _____ day of _____ 20_____

Notary Public for the State of _____ My Commission Expires: _____

Notary Name: _____ (Print) _____ (Signature)

Please submit this **ORIGINAL** document to:
Office of Business Opportunities
Attn: LBE Administrator / Team
PO Box 147 / 1136 Washington Street, 5th Floor
Columbia, SC 29217
Tel: (803) 545-3049
Fax: (803) 545-4130
Email: jmnelly@columbiasc.net or agdriggers@columbiasc.net

Qualified / Not Qualified: _____ Date: _____