Company Letterhead

Date: _____

Company Name: _____

Company Address: _____

To: Metropolitan Government – Business Assistance Office

I affirm that the information and statements contained in the attached documents are true and accurate as of the date of this letter. These documents are submitted for the purpose of determining small business program eligibility as required by R4.44.020.02 of the Regulations to the Metropolitan Procurement Code.

The business industry that best describes my business activity is:
_____

I certify that the information included in the tax documents submitted for review by the Metropolitan Government is correct and has been filed with the Internal Revenue Service as presented. I understand that FALSE statements may lead to denial of small business status.

In addition, I affirm that:

1. Operational Independence (Section b): My business does not share or jointly use office space, production, marketing and sales, business support systems, personnel, or equipment with any business not classified by Metro as a small business.
2. Ownership & Control (Section c): My business is not owned, controlled, or directed by individuals or groups who own, control, or direct a business not classified by Metro as a small business.
3. Owner's Operational Control (Section d): As the majority owner, I exercise real and substantial control over the daily operations of the business, including managerial, technical, and financial decision-making. I possess the competencies and experience directly related to the type of industry in which the business is engaged.

Signature of Company Principal: _____

Printed Name: _____

Date: _____