



**COUNTY OF ALAMEDA  
SMALL, LOCAL AND EMERGING BUSINESS PROGRAM  
CERTIFICATION RENEWAL APPLICATION**

**Asterisk (\*) indicates Required Information.**

SLEB Vendor ID Number: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

\*Business Name: \_\_\_\_\_ \*Federal Tax Identification Number: \_\_\_\_\_

\*Business Address: \_\_\_\_\_ \*How long at this address: \_\_\_\_\_

\*Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

\*Main Contact Name: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ \*# of Employees: \_\_\_\_\_

\*Gross Business Receipts for Last Three Years:

\$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_

Please Attach Verification of Business Income (*Copies of signed Federal Tax Return*)

<b>Composition of Ownership – This is a Required Section</b>	
<b>Are you a publicly traded entity, a public school, or a government?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you a non-profit, or a church?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If “Yes” to one of the above, skip Ethnicity and Gender below. The Collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category:</b>	
<b>Ethnicity</b>	
<input type="checkbox"/> African American or Black (greater than 50%)	<input type="checkbox"/> Hispanic or Latino (greater than 50%)
<input type="checkbox"/> American Indian or Alaskan Native (greater than 50%)	<input type="checkbox"/> Native Hawaiian/Pacific Islander (greater than 50%)
<input type="checkbox"/> Asian (greater than 50%)	<input type="checkbox"/> Multi-ethnic minority ownership (greater than 50%)
<input type="checkbox"/> Caucasian or White (greater than 50%)	<input type="checkbox"/> Multi-ethnic ownership (50% Minority–50% Non-Minority)
<input type="checkbox"/> Filipino (greater than 50%)	
<b>Gender</b>	
<input type="checkbox"/> Female (greater than 50% Ownership)	<input type="checkbox"/> Male (greater than 50% Ownership)

**NAICS Code(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RENEWAL AFFIDAVIT**

I declare, under penalty or perjury all of the foregoing statements are true and correct.

\_\_\_\_\_  
(Signature) (Title)

**Please mail Application and Supporting Documents to:**

**GSA Purchasing  
Attention: Linda Moore  
1401 Lakeside Drive, 10<sup>th</sup> Floor  
Oakland, CA 94612**

<b>For County Use Only</b>	
First Renewal Granted: _____	Expiration: _____
Second Renewal Granted: _____	Expiration: _____