



## Small Business Enterprise (SBE) Certification Program for Airport Concessions

The Airport Concession Small Business Program is designed to include all segments of the business community and is open to participation without regard to race, gender, color, sex, religion, national or ethnic origin, age, disability, or geographic location. The Program is designed to create a level playing field on which small businesses who meet the eligibility criteria for airport concessions can compete fairly. Firms that are currently certified by the Nevada UCP as an ACDBE automatically qualify to participate in the Airport Concession SBE Program and are not required to complete this form. Firms will be required to provide a copy of their current certificate or other such document to participate as an SBE in airport concession projects.

Once a firm's SBE status is verified, the certification is valid for three years as long as there is no change in ownership, control, business size or personal net worth. On an annual basis SBEs will be required to submit an Affidavit of No Change, Individual Tax Returns, and applicable Business Tax Returns. Every three years, an SBE firm will be required to submit a new personal net worth statement and supporting documentation and participate in a site visit at the firm's office/operation.

### MINIMUM REQUIREMENTS

- The firm must be organized as a for-profit business.
- The owner(s) must be a U.S. citizen or lawfully admitted permanent resident of the U.S.
- The personal net worth (PNW) of the owner(s) may not exceed \$2.047 million.
- For airport concession businesses, firms may not exceed the FAA small business size standards noted below:
  - (1) **Banks and financial institutions:** \$1 billion in assets.
  - (2) **Car rental companies:** \$75.23 million average annual gross receipts over the firm's three previous fiscal years.
  - (3) **Pay telephones:** 1,500 employees.
  - (4) **Automobile dealers:** 350 employees.
  - (5) **All Other Companies (e.g., food/beverage, retail, etc.):** \$56.42 million average annual gross receipts over the firm's three previous fiscal years.
- Gross receipts include any affiliate businesses owned or controlled in whole or in part by the owner(s) of the applicant firm. Affiliation is determined using the Small Business Administration (SBA) definition of affiliation found at 13 CFR Part 121, § 121.103.

Applicant acknowledges that submittal of an SBE Review Form constitutes his/her agreement that the information may be reviewed by the Clark County Department of Aviation and/or its consultants.

**SUBMIT THE SBE REVIEW FORM TO:**

David Eclips  
Harry Reid International Airport  
Diversity, Procurement, and Contracts  
P.O. Box 11005  
Las Vegas, NV 89111  
702-261-5123  
diversity@lasairport.com

## Small Business Enterprise Review Form

**NOTE:** If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

### Checklist of Required Supporting Documents

**INSTRUCTIONS:** Check (v) each box, as applicable, and submit supporting documents as applicable to the applicant and the applicant firm. If there are any documents that are not applicable, do not check the box, and provide an explanation in the space provided at the end of this form. Only Small Business Enterprise Review Forms that are fully completed with required documentation will be processed. Please note that this Checklist must be signed by the applicant and attached to the application form.

#### ALL APPLICANTS

1. ☐ Work experience resumes for all owners and officers of the applicant firm. Include places of ownership/employment with corresponding dates.
2. ☐ Personal Financial Statement.
3. ☐ Personal tax returns for the past three (3) years for each owner.
4. ☐ Applicant firm's tax returns (gross receipts) and all related schedules for the past five (5) years.
5. ☐ Applicant affiliate firm's tax returns (gross receipts) and all related schedules for the past five (5) years (include all affiliates).
6. ☐ Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks or other documentation).
7. ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past three years.
8. ☐ SBA 8(a) or SDB certifications, denials and/or decertification letters.
9. ☐ For an LLC - Copies of:
  - i. ☐ Operating Agreements
  - ii. ☐ Articles of Organization
10. ☐ For a Corporation – Copies of:
  - i. ☐ Bylaws
  - ii. ☐ Articles of Organization
  - iii. ☐ Minutes of Organizational Meetings
  - iv. ☐ Minutes of annual meetings
11. ☐ For all firms- Copies of:
  - i. ☐ Business licenses
  - ii. ☐ Equipment list – owned and leased equipment
  - iii. ☐ List of all current operations and contracts, including commencement date and last three years of gross revenue
  - iv. ☐ Loan agreements
  - v. ☐ Agreements between owners
  - vi. ☐ Third party agreements

Explanation for unchecked boxes:

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**I have checked all applicable boxes and/or provided explanations for unchecked boxes and attached all required documentation.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## SECTION 1: CERTIFICATION INFORMATION

### A. PRIOR/OTHER CERTIFICATIONS

Is your firm currently certified for any of the following program? *If Yes, check appropriate boxes.*

☐ 8(a)      ☐ SDB      ☐ Other: Please describe: \_\_\_\_\_

Name of certifying agency, contact name and telephone number:

### B. PRIOR/OTHER APPLICATIONS AND PRIVILEGES

Has your firm (under any name) or any of its owners, Board of Directors, officers, or management personnel ever been debarred, suspended, or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

☐ No

☐ Yes      Date: \_\_\_\_\_      State, Local or Federal Agency: \_\_\_\_\_

Nature of the action: \_\_\_\_\_

## SECTION 2: GENERAL INFORMATION

### A. CONTACT INFORMATION

(1) Contact Name and Title		(2) Legal name of firm	(3) Federal Tax ID (if any)	
Name:				
Title:				
(4) Phone #	(5) Other Phone #		(6) Fax #	
(    )	(    )		(    )	
(7) E-mail		(8) Website		
(9) Street address of firm ( <i>No P.O. Box</i> )		City	County/Parish	State      Zip
(10) Mailing address of firm ( <i>if different</i> )		City:	County/Parish	State      Zip

### B. BUSINESS PROFILE

(1) Describe the primary activities of your firm:

(2) Nature of the firm's business. Check all applicable boxes. Firm must possess the required license(s) listed below. If the firm's type of business is not listed, check the "Other" box, and describe the service(s) the firm provides.		
<input type="checkbox"/> <b>AIRPORT CONCESSIONS: Indicate type (e.g. food/beverage, retail, supplier, etc.)</b> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
<input type="checkbox"/> <b>Other:</b> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
(3) Is your firm "for profit"?		
<input type="checkbox"/> No <b>⊗ STOP!</b> If your firm is a Not-for-Profit, then you do NOT qualify to be certified as an SBE. <input type="checkbox"/> Yes		
(4) Type of firm (check all that apply):		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Sole Proprietorship</div> <div style="width: 33%;"><input type="checkbox"/> Partnership</div> <div style="width: 33%;"><input type="checkbox"/> Corporation</div> <div style="width: 33%;"><input type="checkbox"/> Limited Liability Partnership</div> <div style="width: 33%;"><input type="checkbox"/> Limited Liability Corporation</div> <div style="width: 33%;"><input type="checkbox"/> Joint Venture</div> <div style="width: 33%;"><input type="checkbox"/> Other:</div> </div>		
(5) Number of employees:		
Full-time:	Part-time:	Total:
(6) Gross receipts for the last 3 years  (Include all affiliates)		Year: Total Receipts: \$  Year: Total Receipts: \$  Year: Total Receipts: \$

### SECTION 3: OWNERSHIP

**Identify all individuals or holding companies with any ownership interest in your firm.** If applicant firm has more than one owner, each owner must provide complete copies of this section. (Applicant shall make additional copies of this Section 3 as necessary)

#### A. BACKGROUND INFORMATION

(1) Name:		(2) Title:		(3) Home Phone #:	
				(   )	
(4) Home Address (street and number):			City:	State:	Zip:
(5) Gender	(6) U.S. Citizen?		(7) If response is "No" to Question #6, is the applicant a lawfully admitted permanent resident?		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
(8) Ethnic Group	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Non-designated Group (specify): _____				

**B. LIST CURRENT BUSINESS LICENSES/PERMITS HELD BY YOUR FIRM**

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

**AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner.*

I \_\_\_\_\_ (print full name), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents, and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I certify that I am an owner of the company seeking SBE certification. I further certify that my personal net worth does not exceed the applicable cap of \$2.047 Million.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY CERTIFICATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the  
Applicant, \_\_\_\_\_ as his/her voluntary act and deed.

Signature of Notary Public \_\_\_\_\_

Printed/typed name of Notary Public \_\_\_\_\_

Commission Expires: \_\_\_\_\_