The Town of Miami Lakes Procurement Ordinance, 17-203 provides preferences to business entities located with the Town boundaries if the business entity meets the requirements for the vendor preference and its bid or proposal meets the thresholds established in the Procurement Ordinance. Details on these requirements and thresholds can be found by visiting the Town’s Procurement webpage at <https://www.miamilakes-fl.gov/index.php?option=com_content&view=article&id=67&Itemid=269>.

By completing the information required below and submitting this form, the business entity certifies that it meets the requirements for local preference as stipulated in the Procurement Ordinance 17-203. **This form must be submitted with the business entities response to a solicitation. The Town, at its sole discretion, may allow for the form to be submitted after the date and time stated for the bid or response to be received by the Town.**

Solicitation Number: Solicitation No. Title: Title

Mark each of the following as applicable:

[ ]  The business entity possesses a current business tax receipt, tax receipt no. and certificate of use, certificate no., issued at least six (6) months prior to the issuance of the solicitation and affirms that services shall be provided solely from the place of business located in the Town of Miami Lakes.

[ ]  At least forty percent (40%) of the Bidder’s/Proposer’s ownership resides in Town of Miami Lakes prior to the issuance of the solicitation.

Additional information may be requested to determine if the business entity is entitled to the local preference.

This certification is submitted with the full knowledge that should the Town determine that any of the information provided prove to be false the business entities bid/response may be rejected and the business entity may be excluded from bidding on future solicitation for a period of up to three (3) years.

Name of Business Entity: Name of Business Entity

Address: Address

Tax ID/FEIN/SSN: Tax ID/FEIN/EIN/SSN

Contact Name: Contract Name Title: Title

Phone No.: Phone No. E-Mail: Email Address

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

BEFORE ME, the undersigned authority, personally appeared to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this day of , \_\_\_\_\_.

My Commission Expires:

Notary Public State of Florida at Large