

## Do I Need the BUSINESS STRUCTURES Form?

File BUSINESS STRUCTURES Form with FILE # if the certified firm or eligible owner(s) has made any changes.<sup>1</sup>

IF the applicant...	THEN complete...	AND SUBMIT copies of...
Changes contact person	-Section 1, A(1)	
Moves business outside of home	-Section 1, A(3)-(9)	-Lease/purchase agreement -Proof of payment
Changes business name <sup>2</sup>	-Section 1, A(2)	-Update Master Business License with name changes
Changes business structure or legal character	-Section 1, A(2) & B	-Update Master Business License with name changes -Required documents identified in Section 1, B based on type of business structure
Changes relationships with other businesses	-Section 1, C	-Required documents identified in Section 1, C
Loses owner(s), partner(s), shareholder(s), or member(s), officer(s), director(s), or manager(s)	-Section 1, F	-Purchase/sell agreement with proof of payments -Legal documents applicable to the business structure (example: minutes, cancelled stock certificates, stock ledger, etc., for a corporation)
Adds or changes owner(s), partner(s), shareholder(s), LLC manager(s) or member(s)	-Sections 2 -Personal Financial Statement Forms(s) for DBE -Affidavit for M/WBE program -Affidavit of Certification for DBE program	-Required documents identified in Sections 2 A & B -Resume for owner(s) -Last three (3) years of personal tax returns for eligible owners (DBE)
Adds or changes officer(s), director(s), principal(s), or manager(s)	-Sections 2 -Affidavit for M/WBE program -Affidavit of Certification for DBE program	-Required documents identified in Sections 2 A & B -Resume for new key personnel
Changes in business description	Section 3	-Required documents identified in Section 3 B & D -Revised resume for eligible owner(s) demonstrating technical expertise in new activities
Changes in control of the firm	Duties of Key Owners	-Resumes for each new owner or non-owner

<sup>1</sup> For example, the business moves, ownership changes, the legal character changes, the direction of the business changes.

<sup>2</sup> Does not include adding legal character labels to the business name (for example: Inc., LLC, Ltd.) To add any legal character label, you must also change the actual legal character of the firm (for example, incorporate or form an LLC).

**BUSINESS STRUCTURE CHANGES FORM**

*This form only needs to be completed if the firm has incurred changes since the last annual update or recertification. If you have not incurred any changes this form does not need to be completed.*

*Please note that if changes have occurred you must submit the required documents identified by bold and italicized print contained in or above each box you complete. Further, please do not forget to sign the bottom of each page.*

**Section 1: GENERAL INFORMATION****A. New/Revised Contact Information**

(1) Contact person and Title:		(2)(a) Legal name of firm:	
		(2)(b) DBA or Trade Name(s):	
(3) Phone #:	(4) Other Phone #:	(5) Fax #:	
(6) E-mail:		(7) Website (if have one):	
(8) Street address of firm (No P.O. Box):	City:	County:	State: Zip:
(9) Mailing address of firm (if different):	City:	County:	State: Zip:

**B. New/Revised Business Profile**

(1) Federal Tax ID (EIN) from IRS Form SS-4:	(2) Uniform Business ID (UBI) from Master Business License:
(3) New business structure or legal character of firm:	
<input type="checkbox"/> Sole Proprietorship ( <i>include proof of ownership</i> ) <input type="checkbox"/> Partnership ( <i>include copies of partnership agreement &amp; proof of ownership &amp; capitalization</i> ) <input type="checkbox"/> Corporation ( <i>include copies of Articles of Incorporation, Bylaws, minutes, stock ledger &amp; stock certificates, proof of ownership &amp; capitalization</i> ) <input type="checkbox"/> Limited Liability Partnership ( <i>include copies of Certificate of Formation, partnership operating agreement, &amp; proof of ownership &amp; capitalization</i> ) <input type="checkbox"/> Limited Liability Corporation ( <i>include copies of Certificate of Formation, Operating Agreement, minutes, &amp; proof of ownership &amp; capitalization</i> ) <input type="checkbox"/> Joint Venture ( <i>include copies of Certificate of Formation - if applicable, Joint Venture Agreement, &amp; proof of ownership &amp; capitalization</i> ) <input type="checkbox"/> Other, Describe: _____	

**C. Changes in Relationships with Other Businesses or Entities**

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, employees, or office staff, with any other business, organization, or entity? Yes No
If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities:  

\_\_\_\_\_  
Signature of owner\_\_\_\_\_  
Date



**Section 2: OWNERSHIP**

Identify all individuals, businesses, or holding companies with any new ownership interest in your firm, providing the information requested below (If more than one owner, attach separate sheets for each additional owner):

**A. Background Information (provide a copy of your driver's license & proof for A(5), (6), (7), and (8) below)**

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (street and number):		City: State: Zip:
(5) Gender: Male Female	(6) Ethnic group membership (Check all that apply):	
(7) U.S. Citizen: Yes No	Black	Hispanic Native American
(8) Lawfully Admitted Permanent Resident: Yes No	Asian Pacific	Subcontinent Asian
	Other (specify) _____	

**B. Ownership Interest (provide proof for B(1), (2), and copies of (5), (6) below)**

(1) I/We have owned this firm since: ____/____/____	(2) Initial investment to	<u>Type</u>	<u>Dollar Value</u>
(3) Percentage owned:	acquire ownership	Cash	\$
(4) Familial relationship to other owners:	interest in firm:	Real Estate	\$
		Equipment	\$
		Other	\$
(5) Method of acquisition (check all that apply):			
Started new business Bought existing business Inherited business Secured concession			
Merger or consolidation Other (explain) _____			
(6) Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>
(7) Does this owner perform a management or supervisory function for any other business? Yes No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
(8) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
Nature of Business Relationship: _____			

**C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)**

(1) Complete the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification. (Use and attach the Personal Financial Statement form at the end of this form for each eligible owner)
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
If Yes, explain (provide a copy of the trust document):

**D. List all contributions or transfers of assets to/from your firm and to/from any of its new owners over the past two years (attach additional sheets if needed):**

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: BUSINESS DESCRIPTION CHANGES**

**A. Describe the revised business activities of your firm**

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**B. Indicate your firm's inventory in the following categories (attach additional sheets if needed):**

**(1) Equipment (provide proof of ownership or lease agreement, insurance, & proof of payment)**

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

**(2) Vehicles (provide title, registration, insurance, proof of ownership or lease agreement, & proof of payment)**

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

**(3) Office Space (provide proof of ownership or lease agreement, & proof of payment)**

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

**(4) Storage/Yard/Warehouse Space (provide proof of ownership or lease agreement, & proof of payment)**

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

**C. Does your firm rely on any other firm for management functions, equipment, employees, or payroll?  
Yes No**

**If Yes, explain & provide copies of contracts:**

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**D. List up to three jobs, contracts, or bid submittals on which your firm has executed in the new activities:**

Name of Prime Contractor & Project Number	Location of Project	Type of Work <i>(submit copies of contracts/bids/invoices)</i>	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date

**DUTIES OF OWNERS, OFFICERS, DIRECTORS, MANAGERS, AND KEY PERSONNEL**

INSTRUCTIONS: Complete for **ALL** owners and non-owners who do anything listed below for the business. Make enough copies of this form to provide information on each and every applicable person. **Do not leave any questions blank.** Check  the frequency of each person's involvement as follows:

- A = Always**
- F = Frequently**
- S = Seldom**
- N = Never**

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Race: _____	Race: _____	Race: _____
Percent Owned: _____	Percent Owned: _____	Percent Owned: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Salary: \$ _____	Salary: \$ _____	Salary: \$ _____
Other Benefits \$ _____	Other Benefits \$ _____	Other Benefits \$ _____

Sets policy on company(direction/scope/financial)	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Bidding & Estimating	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Major purchasing decisions	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Marketing & sales	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Supervises field operations	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Office management	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Hires & fires management staff	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Designates profits spending or investment	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Obligates business by contract/credit/bond/insurance	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Signs business checks	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N

Do any of the persons listed above perform a management or supervisory function for any other business? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If Yes, identify for each:  Person: _____  Business: _____  Title/Function: _____	Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If Yes, identify for each: Firm Name: _____  Person: _____  Nature of Business Relationship: _____
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