



## Local Small Business Enterprise (LSBE) Affidavit

### Dear Prospective LSBE Vendor:

Thank you for your interest in becoming certified with DeKalb County Government, Contract Compliance Division, Purchasing and Contracting Department as a **Local Small Business Enterprise (LSBE)**. Pursuant to the DeKalb County LSBE Ordinance, Contractors are required to utilize or demonstrate Good Faith Efforts to utilize certified LSBE vendors for twenty percent (20%) of the total award for all qualified sealed solicitations.

DeKalb County has two types of LSBE Certifications: (1) Locally Based Inside of DeKalb County [**LSBE-DeKalb**]; and (2) Locally Based Outside of DeKalb County but within the ten (10) County Metropolitan Statistical Area [**LSBE-MSA**] that includes Cherokee, Clayton, Cobb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale Counties. The applicant firm must be located and operate in DeKalb County or the MSA for at least one year prior to submitting an application for LSBE certification. To operate means to be the current holder of a valid business license issued by DeKalb County or a local government within the MSA for at least one year prior to submitting an application for LSBE certification.

Certified (LSBEs) located within DeKalb County and prime contractors utilizing them shall receive ten (10) percentage points in the initial evaluation of their response to any Request for Proposal and a ten (10) percent preference on all responses to any Invitation to Bid. Certified LSBEs operating outside of DeKalb County but within the (MSA) and prime contractors utilizing them shall receive five (5) percentage points in the initial evaluation of their response to any Request for Proposal and a five (5) percent preference on all responses to any Invitation to Bid.

For either LSBE certification, the following qualifying definition shall apply: A Small Business shall mean an independently owned and operated business concern whose average annual gross receipts for the previous three years must not exceed (1) Construction Firms - \$3,000,000.00 (2) Professional Services Firms - \$2,000,000 (3) Commodity Suppliers - \$1,000,000.00; the individual owners of such business concern may not possess a personal net worth that exceeds \$1,000,000.00, including a spouse or adult child's net worth but excluding the individual's ownership interest in their primary residence.

We have enclosed the LSBE certification affidavit, which serves as an application for certification. All questions on the affidavit must be answered completely and ALL requested documentation must accompany the affidavit. Failure to complete portions or provide the required documentation may result in the return of your unprocessed application and the denial of certification for your business. The information on the affidavit must be true and accurate to the best of the applicant's knowledge. The Contract Compliance Division will keep all submitted documents and information confidential to the extent allowable by law.

Certification does not guarantee any present or future contracts with DeKalb County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business. Please contact our office or visit our website to register as a vendor with the County.

**Submit the completed affidavit and documents to the Contract Compliance Division, DeKalb County Purchasing and Contracting Department, 1300 Commerce Drive, 2<sup>nd</sup> Floor, Decatur, Georgia 30030. Direct all questions to the Contract Compliance Division at (404) 371-4795 or visit our website at [www.dekalbcountyga.gov](http://www.dekalbcountyga.gov) for more information.**

**Sharon A. Walker  
Deputy Director,  
Contract Compliance Division  
DeKalb County Purchasing and Contracting Department**

# PLEASE REVIEW BEFORE COMPLETING APPLICATION

## MINIMUM REQUIREMENTS FOR LSBE CERTIFICATION

*(Please Note: This list is not exhaustive, but contains a few of the minimum, not all, requirements for certification. Please make sure you meet the minimum requirements before completing the application for certification.)*

- **LOCATED AND OPERATING** IN DEKALB COUNTY OR MSA **FOR ONE YEAR PRIOR** TO SUBMITTING CERTIFICATION APPLICATION.
  
- **VALID BUSINESS LICENSE** FROM DEKALB COUNTY OR LOCAL GOVERNMENT WITHIN THE MSA **FOR AT LEAST ONE YEAR PRIOR** TO SUBMITTING APPLICATION FOR CERTIFICATION.
  
- INDEPENDENTLY OWNED AND OPERATED BUSINESS CONCERN WHOSE **AVERAGE ANNUAL GROSS RECEIPTS** FOR THE PREVIOUS THREE YEARS DOES NOT EXCEED:
  - **CONSTRUCTION FIRMS-\$3,000,000.00**
  - **PROFESSIONAL SERVICE FIRMS-\$2,000,000.00**
  - **COMMODODITY SUPPLIERS-\$1,000,000.00**
  
- THE **PERSONAL NET WORTH** OF THE INDIVIDUAL OWNERS OF SUCH BUSINESS CONCERN **DOES NOT EXCEED \$1,000,000.00**, INCLUDING A SPOUSE OR ADULT CHILD'S NET WORTH BUT EXCLUDING THE INDIVIDUAL'S OWNERSHIP INTEREST IN THEIR PRIMARY RESIDENCE.
  
- APPLICANT FIRM MUST BE **51% OWNED** BY ONE OR MORE OF THE APPLICANT INDIVIDUALS IDENTIFIED AND THE OWNERSHIP MUST HAVE BEEN IN EXISTENCE FOR ONE YEAR OR MORE; THE APPLICANT INDIVIDUAL MUST HAVE MAINTAINED SUCH 51% OWNERSHIP FOR AT LEAST ONE YEAR;
  
- APPLICANT FIRM OWNER MUST BE A **CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT** OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF THE LSBE PROGRAM.



**CONTRACT COMPLIANCE DIVISION  
PURCHASING AND CONTRACTING DEPARTMENT  
1300 COMMERCE DRIVE, 2<sup>nd</sup> FLOOR  
DECATUR, GEORGIA 30030**

**(404) 371-4795 Phone (404) 371-2511 Fax**

**Email: [contract@dekalbcountyga.gov](mailto:contract@dekalbcountyga.gov) Web Site: [www.dekalbcountyga.gov](http://www.dekalbcountyga.gov)**

**LOCAL SMALL BUSINESS ENTERPRISE  
DISCLOSURE AFFIDAVIT  
(THIS IS NOT A DBE PROGRAM)**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Applicant Firm \_\_\_\_\_

Name of Owner \_\_\_\_\_

U.S Citizen

Lawfully Admitted Permanent Resident

Principal Place of Business \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Web Site \_\_\_\_\_

Email Address \_\_\_\_\_

**TYPE OF OWNERSHIP:**

- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Corporation
- Limited Liability Company
- Joint Venture

**APPLYING FOR LOCAL SMALL BUSINESS ENTERPRISE:**

- Locally based inside DeKalb County  
DeKalb County Business Tax ID # \_\_\_\_\_
- Locally based outside DeKalb County but  
within the Metropolitan Statistical Area (MSA)  
County: \_\_\_\_\_

**\* ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF DEKALB COUNTY.**

**TYPE OF BUSINESS:**  Construction  Service  Manufacturer  Supplier/ Non- Manufacturer  
**Description of Business:** *(This is how your business will be categorized and listed on our certified vendor report.)* \_\_\_\_\_

5 Digit NIGP Code: \_\_\_\_\_ NIGP Code Description: \_\_\_\_\_

**GENERAL INFORMATION**

- 1. (a) Date business started and location: \_\_\_\_\_
- (b) Percentage of ownership held by applicant owner in applicant firm: \_\_\_\_\_
- (c) Length of time ownership held in applicant firm: \_\_\_\_\_
- (d) Applicant Firm owners net worth as of date of application *(including a spouse or adult child's net worth but excluding the individual's ownership interest in their primary residence)*: \$\_\_\_\_\_.  
Please attach a personal financial statement. You may use the attached form (Appendix B) or your own.
- (f) Applicant Firm's Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK)**

Year	Annual Gross Receipts

2. What is your reason for seeking certification with DeKalb County?  
 \_\_\_\_\_

4. (a) Are you currently bidding on a contract for DeKalb County?  Yes  No  
 If yes, indicate name of bid, RFP or invitation number. \_\_\_\_\_

(b) If you are not currently bidding on a contract with DeKalb County, is this certification required for any other entity?  Yes  No If yes, please indicate entity: \_\_\_\_\_

5. Do you have relatives or family members employed with DeKalb County?  Yes  No  
 If yes, do they work with or have an interest in your business? Please explain:  
 \_\_\_\_\_

**PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOUR BUSINESS**

**A. SOLE PROPRIETORSHIP**

Does the owner report as his/her personal income for State and Federal income tax purposes, the funds from such business?  Yes  No

Federal Employer ID Number (FEIN) \_\_\_\_\_

**B. PARTNERSHIP**

Is fifty-one percent (51%) of the applicant firm owned by one or more of the applicant owners identified?  
 Yes  No

Do the owners report as their personal income for State and Federal income tax purposes more than fifty percent (50%) of the income of the partnership?  Yes  No

**Name (s) of Partners:**

Name	Address	Percentage of Ownership	Ownership Title	Social Security Number

Date organized as a partnership \_\_\_\_\_, in the State of \_\_\_\_\_.  
(Month, day, year)

Date of initial operation \_\_\_\_\_, in the State of \_\_\_\_\_.  
(Month, day, year)

**C. CORPORATION and /or LIMITED LIABILITY COMPANY /PARTNERSHIP**

Is this business organized as a corporation in which a majority of the stock is owned by the applicant owner?  
 Yes  No

If the above answer is yes, does the owner report as his/ her personal income for State and Federal income tax purposes more than fifty percent (50%) of the distributed earnings of the corporation?  Yes  No

Date Incorporated \_\_\_\_\_, in the State of \_\_\_\_\_. Tax/FEIN No. \_\_\_\_\_

Total common shares issued as of date of this application:

Common: \_\_\_\_\_ Preferred: \_\_\_\_\_ Other: \_\_\_\_\_

**OFFICERS AND BOARD OF DIRECTORS**

Enter ALL corporate officers, Board of Directors, and Shareholders- including Officers and Directors who do not own stock in the business. List all titles for individuals/ entities holding multiple titles.

Name	Title	% Ownership

Name of Owners/ Principals who own shares	Percentage, amount and type of shares owned	Social Security Number/ Tax Payer ID (FEIN)

A MANDATORY LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IS ATTACHED AS EXHIBIT "A".

**THE FAILURE TO SUBMIT ALL OF THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION.**

**THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED BELOW**

I, \_\_\_\_\_, a major stockholder, owner or officer do hereby solemnly swear or affirm that this business is at least fifty- one percent (51%) owned by the applicant individual(s) identified, that the ownership has been in existence for one year or more, and that the applicant firm's average annual gross receipts do not exceed the following: (1) Construction Firm (\$3,000,000.00); Professional Services Firm (\$2,000,000.00); or (3) Commodity Supplies (\$1,000,000.00). Further, that the individual owner(s) of the applicant firm does not possess a personal net worth that exceeds \$1,000,000.00 including a spouse or adult child's net worth but excluding the individual's ownership in their primary residence. I have read and certify that the above and foregoing information is full, true and correct statement of the facts. I also agree to make available an inspection to the DeKalb County Contract Compliance Division any such material which may be required to substantiate the ownership and control of this firm. I also agree to arrange for on-site inspections of this firm's facilities in order to verify information provided in this document. I understand certification as a Local Small Business Enterprise does not guarantee any present or future contracts with DeKalb County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business.

Signature: \_\_\_\_\_  
(Owner)

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

Name: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_  
(Print)

Sworn to and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

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

**APPLICANT PROFILE SURVEY**

How did you learn about this certification opportunity?

- Job Fair       Walk-In       Radio       Newspaper       Other: \_\_\_\_\_  
 Word of Mouth       DeKalb County Internet Site       Vendor Fair/ Trade Show  
 DeKalb Cable TV Channel       DeKalb County Clinic       Dekalb County Brown Bag  
 Email       Other Internet Site: \_\_\_\_\_

<p style="text-align: center;"><b>RACE</b></p> <p>____ White</p> <p>____ Black</p> <p>____ Hispanic</p> <p>____ Asian/Pacific Islander</p> <p>____ Native American Indian</p> <p>____ Alaskan Native</p> <p>____ Other _____</p>	<p style="text-align: center;"><b>SEX</b></p> <p>____ Male</p> <p>____ Female</p>	<p><b>CERTIFICATION APPLIED FOR:</b> (CHECK WHICH APPLIES)</p> <p><input type="checkbox"/> <b>MBE</b></p> <p><input type="checkbox"/> <b>WBE</b></p> <p><input type="checkbox"/> <b>LSBE-DEKALB</b></p> <p><input type="checkbox"/> <b>LSBE-MSA</b></p> <p><input type="checkbox"/> <b>HUD SECTION 3 SELF CERTIFICATION</b></p>
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Definitions

**White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the middle East.

**Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the India Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**Native American Indian / Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.

**The personal identification information requested in the Applicant Profile Survey is voluntary and removed and handled separately from the other information on the application when your application is reviewed for certification eligibility.**

**APPENDIX A  
CONFIDENTIAL**

**PERSONAL FINANCIAL STATEMENT**

As of (date): \_\_\_\_\_

(Both pages must be completed by each applicant owner. - This form may be copied)

Name		Business Phone	
Residence Address		Residence Phone	
City, State & Zip Code			
Name of Applicant Firm			
<b>ASSETS</b>		<b>LIABILITIES</b>	
	(Omit Cents)		(Omit Cents)
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 1)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment account (Auto)	\$ _____
Accounts and Notes Receivables	\$ _____	Installment Account (Other)	\$ _____
Life Insurance- Cash Surrender Value Only. (Complete Section 7)	\$ _____	Loan on Life Insurance	
Stocks and Bonds (Describe in Section 2)	\$ _____	Mortgages on Real Estate (Describe in Section 3)	\$ _____
Real Estate (Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 5)	\$ _____
Automobile(s)- Present Value	\$ _____	Other Liabilities (Describe in Section 6)	\$ _____
Other Personal Property (Describe in Section 4)	\$ _____		
Other Assets (Describe in Section 4)	\$ _____	<b>Total Liabilities</b>	<b>\$ _____</b>
<b>Total Assets</b>	<b>\$ _____</b>	<b>Net Worth (Total Assets minus Total Liabilities)</b> <b>(DO NOT LEAVE BLANK)</b>	<b>\$ _____</b>
<b>Source of Income</b>		<b>Contingent Liabilities</b>	
Salary	\$ _____	As Endorser or Co- Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions for Federal Income	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____
<b>Section 1. Notes Payable to Bank and Others</b> (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			

Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency monthly etc.	How Secured or Endorsed Type Collateral

**Section 2. Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/Exchange	Total Value

**Section 3. Real Estate Owned** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/ Year			
Status of Mortgage			

**Section 4. Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment. If delinquent, describe delinquency.)

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**Section 5. Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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**Section 6. Other Liabilities** (Describe in detail.)

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**Section 7. Life Insurance Held** (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

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I authorize the Purchasing and Contracting Department, Contract Compliance Division, to verify the accuracy of the statements made in Order to determine whether I meet the standards for certification as a LSBE. These statements are true and correct to the best of my Belief.

<b>Printed/ Typed name:</b>	<b>Signature and Date:</b>

**Appendix "A"**

**APPENDIX "B"**

**Local Small Business Enterprise (LSBE)**

**CERTIFICATION CHECKLIST**

**(Minimum Documents Required for All Applicants for Certification)**

The Local Small Business Enterprise (LSBE) Disclosure Affidavit must be **signed** and **notarized**. In addition, the following supporting documentation relevant to your legal business enterprise must be submitted to the Contract Compliance Division. Failure to submit all required documentation may result in the return of your unprocessed affidavit and/or the denial of certification. **Certification packages must be neat and legible and returned in the order listed below.**

The documentation required depends on the legal status of the business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP). Check the "**Included**" box to indicate you have provided the document or note **N/A**. "**N/A**" responses must be accompanied by a description of the item and an explanation as to why the documents were not submitted.

***All documents Must be returned in the order listed***

<b>Required Documents for All Applicants</b>	<b>SP</b>	<b>P</b>	<b>C</b>	<b>LLC</b>	<b>LLP</b>	<b>Included</b>
Bank signature card (showing date account opened and title of all signers, ex: Treas., etc.)	X	X	X	X	X	
1.) Birth certificate <b>and</b> a Picture I.D.; <b>or</b> 2.) Passport	X	X	X	X	X	
Copy of current business license which shows the company is located in one of the following counties: <i>Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett or Rockdale</i> . <b>You must have a business license for one year prior to submission of your application</b>	X	X	X	X	X	
Resumes of principals and key management personnel showing education, training, employment and dates (include shareholders who own 5% or more shares and all officers of corporation.)	X	X	X	X	X	
Copy of lease, rental or management agreement for business premises, <i>including local business phone number</i>	X	X	X	X	X	
Organizational chart (include all current and anticipated positions)	X	X	X	X	X	
Signed Federal Corporate or Business Tax Returns for the past three (3) years including all schedules	X	X	X	X	X	
Current personal financial statement (attached)	X	X	X	X	X	
Proof of capital contribution. Indicate the manner in which ownership of the firm was obtained. Documents may include: cancelled checks, owner's first bank statement (this must show the date the business started, etc.)	X	X	X	X	X	
Fictitious Business Name Statement establishing a D/B/A (if applicable)	X	X	X	X	X	
Proof of bonding capacity (if applicable)	X	X	X	X	X	
Vehicle registration for all company owned vehicles (if applicable)	X	X	X	X	X	
Copies of all certification and denial of certification letters (if applicable)	X	X	X	X	X	
Business cards, stationery and brochures	X	X	X	X	X	
Equipment owned or available (include description of equipment, year acquired, and current value)	X	X	X	X	X	
Property purchase, rental or lease agreements ( <b>complete copy</b> ) for each facility owned, rented or leased. Also include one recent cancelled check for each facility rented/leased.	X	X	X	X	X	
Owners Federal Tax return including W-2 or 1099 form for the past three (3) years	X	X	X	X	X	
Two (2) executed (i.e. signed by all parties) copies of past/ current contracts/ proposals or purchase order/ invoice <b>in full</b> . This information must include name/ address/ contact person of other company, type of work performed or type of contract received and date work completed. <b>One copy must document work for the current year and the second copy must document the previous year's work.</b>	X	X	X	X	X	
Third-party agreements (such as equipment rental or purchase agreement, lease agreement, management service agreements) &/ or franchise agreements	X	X	X	X	X	
Applicable contractors, professional license(s) and/or permit(s)	X	X	X	X	X	
Equipment rental and purchase agreements	X	X	X	X	X	

**Local Small Business Enterprise (LSBE)  
Continuation of CERTIFICATION CHECKLIST  
(Minimum Documents Required for Your Legal Business Structure)**

**In addition to the general documents requested on the previous page, please provide the following information for your particular form of business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP).**

<b>Requirements for Corporation</b>	<b>SP</b>	<b>P</b>	<b>C</b>	<b>LLC</b>	<b>LLP</b>	<b>Included</b>
Along with Federal Tax Returns include for the past 3 years: (a) Form 1040 <b>in full</b> for all corporate officers; (b) Form 1120 or 1120S <b>in full</b> , including <b>all schedules</b> for all companies owned in whole or part by all corporate officers.			X			
Certificate of Incorporation with Articles of Incorporation, including Amendments			X			
Corporate By- Laws			X			
Minutes of the following meetings: (a) Organizational meetings; (b) Shareholder meetings for the past 24 months; (c) Board of Directors meetings for the past 24 months			X			
Copies of <u>all</u> stock certificates issued to date (include front & back sides of any canceled or replaced certificates. <b>(Do not include specimen copies)</b> )			X			
Stock ledger			X			
Agreements related to (a) Stock options, (b) Stockholder voting rights, (c) Ownership agreements, (d) Ownership of voting securities, (e) Stockholder agreements, (f) Facts pertaining to the value of shares, (g) Restrictions on the disposal stock loan agreements			X			

<b>Requirements for Partnership</b>	<b>SP</b>	<b>P</b>	<b>C</b>	<b>LLC</b>	<b>LLP</b>	<b>Included</b>
Along with Federal Tax Returns include: (a) Form 1040 <b>in full</b> (including Schedules B and C for the past three (3) years; (b) Form 1065 <b>in full</b> (including Schedules K and K-1 for the past three (3) years		X				
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters		X				
Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement		X				

<b>Sole Proprietor Requirements</b>	<b>SP</b>	<b>P</b>	<b>C</b>	<b>LLC</b>	<b>LLP</b>	<b>Included</b>
Along with Federal Tax Returns include: Form 1040 <b>in full</b> (including <b>all schedules</b> for the past three (3) years)	X					
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters	X					

<b>Requirements for Limited Liability Partners/ Corporation &amp; Joint Ventures</b>	<b>SP</b>	<b>P</b>	<b>C</b>	<b>LLC</b>	<b>LLP</b>	<b>Included</b>
Along with Federal Tax Returns include: Form 1065/1120 or 1120S <b>in full</b> (including <b>all schedules</b> ) for each joint venture partner for the past three (3) years				X	X	
Limited Liability Articles of Organization, including amendments and/or documents issued by the Secretary of State				X	X	
Copy of Operating Agreement				X	X	