



# County of Santa Cruz

## GENERAL SERVICES DEPARTMENT

701 OCEAN STREET, SUITE 330, SANTA CRUZ, CA 95060-4073

(831) 454-2210 FAX: (831) 454-2710 TDD/TTY: 711

### LOCALLY OPERATED BUSINESS PREFERENCE AFFIDAVIT OF ELIGIBILITY

Please review County Code Section 2.37.108 "Local Business Preference". Complete all areas below. Incomplete forms will be rejected. Submit completed form by email, mail or in person to the above address.

1) LEGAL NAME OF BUSINESS: \_\_\_\_\_

Mailing address:

Physical address (if different):

\_\_\_\_\_  
\_\_\_\_\_

2) Month/year this business was established in Santa Cruz County: \_\_\_\_\_

3) Business license issued by an incorporated city within Santa Cruz County:

Business license #: \_\_\_\_\_ Issued by: \_\_\_\_\_

4) For transactions that require sales tax, provide the following reseller information:

Reseller's permit #: \_\_\_\_\_

Company name and address as it appears on the reseller's permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Does this business have more than one (1) physical location in California? Yes \_\_\_ No \_\_\_

If yes, please specify the physical location considered the point-of-sale for sales tax purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Does this business have at least one (1) physical location staffed by at least one (1) full-time employee or owner/operator located in Santa Cruz County? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_

7) In the most recent tax year, was this business required to pay any or all of the following:

Income taxes? Yes \_\_\_ No \_\_\_ Payroll taxes? Yes \_\_\_ No \_\_\_ Sales tax? Yes \_\_\_ No \_\_\_

Property taxes for property located in Santa Cruz County? Yes \_\_\_ No \_\_\_

8) Is the local business delinquent in the payment of any taxes, charges or assessments owed to Santa Cruz County or to an incorporated city within Santa Cruz County? Yes \_\_\_ No \_\_\_

Under penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information to the County of Santa Cruz in an attempt to qualify for a local preference shall be prohibited from bidding on Santa Cruz County projects for a period of three (3) years.

Authorized Signature: \_\_\_\_\_

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

Printed Name & Title: \_\_\_\_\_

Phone: \_\_\_\_\_