



COUNTY OF ALAMEDA
SMALL, LOCAL AND EMERGING BUSINESS (SLEB) PROGRAM
CERTIFICATION APPLICATION SUPPLEMENTAL

Please complete the East Bay Interagency Alliance (EBIA) Common Application and this Supplemental and email them to ACSLEBcertification@acgov.org (or mail to: Alameda County, SLEB Certification Unit, 1221 Oak Street, Room #249, Oakland, CA 94612).

1. Business Name:

2. Local Business Address:

a. This is a homebased business address Yes No

b. The Local Business Address above is Owned Leased/Rented

i. If Leased/Rented, the business is a Lessee Sub-lessee

3. The Local Business Address above is the business headquarters location Yes No

a. If NO, please provide the business headquarters information below:

Street Address	City	State	Number of Staff

4. Please have the following documents available for review during the Site Visit:

- a. **Current Local Business License**
- b. **Current Identification (Driver's License, Identification Card, etc.)** of person signing application and Supplemental
- c. **Appropriate tax returns (990, 1040, 1120, etc.) showing gross receipts for the last three years for the Local Business and all affiliates.** An affiliation exists when one business controls or has the power to control another business. Affiliation also refers to when a third party or third parties control or has the power to control both businesses.
- d. **Current Deed, Rental or Lease Agreement(s) showing Local Business Address**
 - i. **For recertification in same rented/leased location, most recent cancelled rent/lease check**
 - ii. **For new certification in rented/leased location, most recent six months cancelled rent/lease checks**
- e. **If subleasing, landlord's written consent to sublease**

Applications will be reviewed within ten business days of receipt. Additional information and documentation may be requested as needed. The SLEB Certification process may take up to 45 business days from receipt of Application. Certification site visits are mandatory and will be scheduled upon receipt of an Application and Supplemental.

I consent to the sharing of information contained herein with other members of the EBIA Certification Taskforce and declare under penalty of perjury that statements made in this Supplemental are true and correct.

Yes No

Signature

Print Name

Title

Date