



# The City of Canton Compliance Department

## Re-Certification Application

### Requirements for Applicant:

1. All certifications must be renewed annually.
2. You must initiate the re-certification process by submitting the form titled re-certification application.
3. The re-certification application has to be submitted before the expiration date of your certification for the prior year. Please note it is the responsibility of the certified business owner to reapply before the annual expiration.
4. In order to be considered, the application must be filled out by print or typewritten, notarized and bear the signature(s) of the owner(s).
5. You must complete a new certification application package if any of the following circumstances apply:
  - a. There has been a change in ownership or control of your company
  - b. You have added or deleted a product line or service
  - c. Your business has relocated (change of address) and/or
  - d. There is other information, which should be included in the Compliance Department certification file.
6. Every five (5) years after your original certification, you must follow the initial certification application process.
7. Please mail applications to: Canton City Hall  
Compliance Department  
218 Cleveland Avenue SW, 8<sup>th</sup> floor  
Canton, Ohio 44702

*This certification form does not waive the right of the City of Canton to request additional information, or from making site visits as part of the certification process. The Compliance Department retains the right to deny certification to a company even when other entities have decided to grant that company certification.*

## Re-Certification Affidavit and Application

Please check all that apply to you: MBE \_\_\_\_\_ WBE \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: (where CEO and top management perform their management duties)

\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Owner(s) Name(s), Title(s), % of business owned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain changes from prior year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of products and/or services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that the information currently on file in the Compliance Department is correct \_\_\_\_\_

**The above allotted space must be initialed.**

### **Please submit the following documents with this Affidavit**

\_\_\_\_\_ Current copy of your workers' compensation certificate.

\_\_\_\_\_ Current Copy of your certificate for liability insurance for business.

\_\_\_\_\_ Copies of current contracts, invoices and/or purchase orders in the area of certification.

\_\_\_\_\_ Current copy of any licenses applicable to your scope of services and or supplies.

\_\_\_\_\_ Federal tax returns (current & previous year)

Explain if any of the above documents are not required for the applicant's business.

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

Gross Revenue

Most recent fiscal year \_\_\_\_\_

Fiscal year prior to the above \_\_\_\_\_

STATE OF OHIO:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the \_\_\_\_\_ of \_\_\_\_\_, and the foregoing information in this affidavit and application is true to the best of my knowledge.

NOTARIZATION: (Sign in the presence of a NOTARY PUBLIC)

Signature: \_\_\_\_\_  
Name (print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me appeared (Name) \_\_\_\_\_, that he or she was properly authorized by (Name of Firm) \_\_\_\_\_, to execute the Affidavit and did so of his or her free act and deed.

(Seal) Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

<b>For internal use only</b>	
Tax return reviewed? _____	If so, by whom _____
Date _____	Any discrepancies noted? _____
If so, what discrepancies? _____ _____ _____	