



CITY OF SHREVEPORT
OFFICE OF THE MAYOR | OFFICE OF FAIR SHARE
505 Travis Street Suite 260 Shreveport, LA 71101 (318) 673-5009
GO * GROW * COMPETE

FAIR SHARE APPLICATION

The Office of Fair Share will take the steps necessary to ensure that small, disadvantaged, woman and minority owned businesses have equal opportunity to compete for and perform services regardless of race, color or creed.

I do solemnly declare and affirm under the penalty of perjury, that the contents of the foregoing document are true and correct and include all material information to identify and explain the operations of the business as well as the ownership and control thereof, and that I am authorized on behalf of the business to execute this affidavit. The business/firm agrees to permit the audit and examination of official books, records, and files by any authorized official of the City of Shreveport.

I, hereby declare, swear, or affirm that I am the _____ and duly authorized representative of _____ therein called the "business"/"firm" whose address is: _____.

1. That I have read and understand the requirements of the Fair Share Program.
2. That the business/firm will provide any additional information requested by the City of Shreveport to document program qualifications.
3. That the business/firm will provide information about significant changes affecting its ownership and control or any other information contained in this affidavit.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any contract which may be awarded in reliance hereon, and for initiating action under federal, state, and local laws concerning false statements.
5. Applicant must provide all requested documentation to include the last three (3) years of personal and business tax returns and a copy of personal and business balance sheet or net worth statements.

Print Name _____

Signature _____ **Date** _____

10. Background Information:

a. List information for the last three projects completed:

Customer | Address | Phone

b. List information for three major suppliers:

Supplier | Address | Phone

Copies of the following supporting documents are required for certification and must accompany affidavit:

1. Resume(s) of owner(s)/manager(s)
2. Copy of Driver's License
3. License(s) to do business in Shreveport—MSA (Caddo, Bossier, Desoto, Webster Parish), Louisiana Secretary of State LLC Certificate, Articles of Incorporation, Occupational License, Certificate of Occupancy
4. Copy of the Last Three (3) Years Business and Personal Tax Returns
5. Business agreements, stock certificates and transfer ledgers
6. Copy of Business Bank Account Signatory Letter
7. Personal and Business Balance Sheet or Net Worth Statement.

I do solemnly declare and affirm under the penalty of perjury, that I have not entered into any oral or written agreement with any person(s) concerning the operations of this company other than as previously disclosed herein.

SIGNATURE _____ **DATE** _____

TYPE/PRINT NAME _____ **TITLE** _____

SWORN TO AND SUBSCRIBED before me, Notary, this ____ day of _____ 20__.

Notary Print/Signature/Number/Seal