



HIGHLANDS COUNTY
BOARD OF COUNTY COMMISSIONERS
PROCUREMENT DIVISION

Local Preference Affidavit of Eligibility

This form must be signed and sworn to in the presence of a notary public or other official authorized to administer oaths.

This sworn statement is submitted to

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

By _____
[Print Individual's name and title]

For _____
[Print name of Company/Individual submitting sworn statement]

Whose business address is _____

(If applicable) it's Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn statement): _____

Local Preference Eligibility

- A. Vendor/Individual has had a fixed office or distribution point located in and having a street address within Highlands County for at least twelve (12) months immediately prior to the issuance of the request for quotation, competitive bids or request for proposals by the County.
YES ☐ NO ☐
- B. Vendor/Individual holds business license required by the County, and/or if applicable, the Municipalities:
YES ☐ NO ☐
- C. Vendor/Individual employs at least one full-time employee, or two part-time employees whose primary residence is in Highlands County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one or more persons whose primary residence is in Highlands County.
YES ☐ NO ☐

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM SHALL BE CONSIDERED PUBLIC RECORD.

[Signature] [Date]

STATE OF _____, COUNTY OF _____

Subscribed and sworn before me, the undersigned notary public on this _____ day of

_____, 20 ____.

[Notary Public]

SEAL

[Commission Expiration Date]