# Bona Fide Place of Business Checklist

Version 5/25/2021

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| **Required Information/Documentation** |
| **Location of the Bona fide place of business**  Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Office Box (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Bona fide place of business was officially opened for business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bona fide place business Point of Contact (POC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bona fide place of business Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bona fide place of business Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physical Residence Address of Bona fide place of business Employee(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Copy of (POC) Employee’s Resume  Copy of (POC) Employee’s Job Description |
| **Listing of Office Hours**  Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pictures of building exterior to include signage and pictures of office area |
| Evidence of paid staff (payroll records: employment agreements, payroll records, tax documentation, employee benefit documentation) |
| Copy of signed lease or rental agreement |
| Copy of utility bill: telephone, electric and/or gas, water |
| **LICENSE - REGISTRATION – FILING for the state bona fide place of business is located**  Business License (if applicable)  Occupational License (if applicable)  Secretary of State Office filing  Copy of Certificate of Good Standing  Registrations with City, Parish (if applicable), Dept of Revenue  Status Reports filed with Dept of Labor, Office of Employment Security  Evidence of employee State Withholding Taxes  Evidence of applicable Taxes paid (tax receipts)  Other licensing, registrations, and/or filings required by the state your bona fide place of business is located |
| Letter from bonding company verifying bonding insurance |
| Evidence that third parties conduct business with Bona fide place of business (i.e. copies of invoices, advertisements, correspondence, contracts) |
| Copy of separate registration in SAM Profile & DSBS as a Bona fide place of business |
| Is the bona fide place of business employee employed Full-Time \_\_\_\_ or Part-Time \_\_\_ |
| Does the POC Employee work for any other employer? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Copy of Key Personnel resume |
| Does the Bona fide place of business Employee have a designated workspace? \_\_\_ Yes \_\_\_ No |
| Copy of Employment Agreement |
| Does the POC Employee make management decisions on behalf of the firm? \_\_\_ Yes \_\_\_ No  If yes, this employee is required to complete SBA Form 912 / *Statement of Personal History* |
| **Is there a separate entrance to the office? \_\_\_ Yes \_\_\_ No** |
| **Does the office receive Visitors, Clients, and Deliveries? \_\_\_ Yes \_\_\_ No** |
| **Is there a dedicated and visible operating land line (phone)? \_\_\_ Yes \_\_\_ No** |
| **What files and/or records are maintained at the office?**  **\_\_\_ Personnel \_\_\_ Payroll \_\_\_ Invoices / Paid Bills \_\_\_ Project Records \_\_\_ Contracts**  **\_\_\_ Other (identify):** |
| **Does the office share office equipment (phone, fax, copier, conference room, etc.)? \_\_\_ Yes \_\_\_ No If yes, with whom?** |
| **Are licenses, as required by state, posted and open to the public? \_\_\_ Yes \_\_\_ No If no, explain: (IS THIS ONE NECESSARY?)** |
| **If your POC Employee works part-time and your office is open for business Monday thru Friday during normal business hours, explain how the office is managed and by whom.** |
| **If your office is NOT open for business Monday thru Friday, explain:** |
| **Who owns the building your bona fide place of business is located in? Are they any relation to your POC Employee? \_\_\_ Yes \_\_\_ No If yes, explain:** |
| **Copy of Statement of the principal attesting to the authenticity of the materials submitted; including a statement that the bona fide place of business employee is working full time and a description of his/her duties.** |