

**Black Business Database
Montgomery County, MD**

SWORN ANNUAL MEMBER AFFIDAVIT

I, _____, (full name) swear and affirm that I am the _____ (title) of applicant firm _____ (firm name) and that the information in this affidavit and any supporting documentation is true and correct.

I have read all the questions in this application and understand that this information will be used for the purpose of determining the applicant firm's eligibility for inclusion in the Black Business Council's (BBC) Black Business Database. All the foregoing information and statements submitted in this application and supporting documents are true and correct to the best of my knowledge, and all responses to the questions are full and complete, omitting no material information. I understand that the BBC may request any documentation necessary to identify the ownership, control, and affiliations of the firm fully and accurately, and that the BBC may, by means it deems appropriate, determine the accuracy and truth of the statements in the application. I authorize the BBC to make such inquiries solely for the purpose of verifying the information supplied and determine the applicant firm's eligibility for inclusion in the Black Business Database.

I agree to provide written notice to the BBC of any change in ownership structure of the business, or in the business location within thirty (30) calendar days of such change.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF DATABASE LISTING OR REVOCATION OF A PRIOR APPROVAL, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

THIS AFFIDAVIT MUST BE SUBMITTED ANNUALLY ON THE ANNIVERSARY DATE OF THE FIRM'S APPROVAL.

I hereby affirm that the applicant firm:

- Has at least 51% Black ownership of equity in the applicant firm; and
- Is owned *and* operated in Montgomery County, Maryland.

I/WE DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT AND ALL SUPPORTING DOCUMENTS SUBMITTED IN SUPPORT OF THIS AFFIDAVIT IS TRUE AND CORRECT.

Name of Firm: _____

Signature: _____ Date: _____

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NOTARY

On this _____ day of _____, 20____, before me appeared (name)
_____ who being duly sworn, did execute the foregoing
affidavit and did state that he or she was properly authorized by the applicant firm, to
execute the affidavit and did so as his or her free act and deed.

Notary Public (name) _____

State of _____ County of commission _____

(Notary Seal) Commission expires _____