Legacy Business Registry
Application

SAN FRANCISCO
OFFICE OF SMALL BUSINESS

Business Information

Business name:

Business owner name(s):

Identify the person(s) with the highest ownership stake in the business

Current business address:

Business phone number:

Business email:

Mailing address (if different than above)**:**

Website:

Link to social media:

Link to social media #2:

7-digit San Francisco Business Account Number (BAN)**:**

Contact Person Information

Contact person name:

Contact person title:

Contact phone number:

Contact email:

Business Owner Demographics

Please complete the form below with the demographics of the business owner.

For non-profits or businesses such as worker-owned cooperatives, please select the demographics of the main point person for the Legacy Business Program (e.g. Executive Director, Board President, Founder).

This information does not affect your eligibility or priority for services. It will be kept private.

What is your preferred language? (select one)

- ☐ **English**
- ☐ **Chinese**
- ☐ **Vietnamese**
- ☐ **Spanish**
- ☐ **Filipino**
- ☐ **Other, please specify:**

Which best describes your race or ethnicity? (select all that apply)

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Middle Eastern or North African**
- ☐ **Native Hawaiian/Other Pacific Islander**
- ☐ **White**
- ☐ **Not listed, please specify:**

What is your gender identity? (select the one that best describes your current gender identity)

- ☐ **Female**
- ☐ **Male**
- ☐ **Genderqueer/Gender Non-Binary**
- ☐ **Trans Female**
- ☐ **Trans Male**
- ☐ **Not listed, please specify:**

How do you describe your sexual orientation or sexual identity? (select one)

- ☐ **Bisexual**
- ☐ **Gay/Lesbian/Same-Gender Loving**
- ☐ **Questioning/Unsure**
- ☐ **Straight/Heterosexual**
- ☐ **Decline to Answer**
- ☐ **Not listed, please specify:**

Do any of these describe your business? (select all that apply)

Requires at least 51% of the business be owned, operated, and controlled by the business designation below.

- ☐ **Immigrant-Owned Business**
- ☐ **LGBTQ+-Owned Business**
- ☐ **Minority-Owned Business***
- ☐ **Owned by Person with a Disability**
- ☐ **Veteran-Owned Business**
- ☐ **Woman-Owned Business**

**Minority is defined as one+ of these races or ethnicities: American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian/Other Pacific Islander*

Business Locations

List the business address of the original San Francisco location, the start date of business, and the dates of operation at the original location.

Check the box indicating whether the original location of the business in San Francisco is the founding location of the business.

If the business moved from its original location and has had additional addresses in San Francisco, identify all other addresses and the dates of operation at each address.

Original San Francisco address: **Zip Code:**

Is this location the founding location of the business? (Y/N)**:**

Dates at this location: From: **To:**

Other address (if applicable)**:** **Zip Code:**

Dates at this location: From: **To:**

Other address (if applicable)**:** **Zip Code:**

Dates at this location: From: **To:**

Other address (if applicable)**:** **Zip Code:**

Dates at this location: From: **To:**

Other Address (if applicable): **Zip Code:**

Dates at this location: From: **To:**

Applicant Disclosures

San Francisco Taxes, Business Registration, Licenses, Labor Laws and Public Information Release.

This section is verification that all San Francisco taxes, business registration, and licenses are current and complete, and there are no current violations of San Francisco labor laws. This information will be verified. A business deemed not current with all San Francisco taxes, business registration, and licenses, or has current violations of San Francisco labor laws, will not be eligible to apply for grants through the Legacy Business Program.

In addition, we are required to inform you that all information provided in the application will become subject to disclosure under the California Public Records Act.

Please read the following statements and check each to indicate that you agree with the statement. Then sign below in the space provided.

- ☐ I am authorized to submit this application on behalf of the business.
- ☐ I attest that the business is current on all of its San Francisco tax obligations.
- ☐ I attest that the business's business registration and any applicable regulatory license(s) are current.
- ☐ I attest that the Office of Labor Standards and Enforcement (OLSE) has not determined that the business is currently in violation of any of the City's labor laws, and that the business does not owe any outstanding penalties or payments ordered by the OLSE.
- ☐ I understand that documents submitted with this application may be made available to the public for inspection and copying pursuant to the California Public Records Act and San Francisco Sunshine Ordinance.
- ☐ I hereby acknowledge and authorize that all photographs and images submitted as part of the application may be used by the City without compensation.
- ☐ I understand that the Small Business Commission may revoke the placement of the business on the Registry if it finds that the business no longer qualifies, and that placement on the Registry does not entitle the business to a grant of City funds.

Name:

Signature: **Date:**