



CITY OF MORENO VALLEY

14177 Frederick Street • P.O. Box 88005 • Moreno Valley, CA 92552-0805
Phone: 951.413.3080 • Fax 951.413.3096

SMALL BUSINESS LOCAL HIRING BUSINESS LICENSE INCENTIVE Annual Recertification Report

PLEASE TYPE OR PRINT CLEARLY:

Program Certification Period _____

Business Name _____

Business License # _____ Current Date ____ - ____ - ____

Contact Person Name _____ Title _____

Contact Mailing Address _____

Contact Phone # () _____ Email Address _____

Per Section 2 of the Agreement referenced above, the following data must be reported annually to the City of Moreno Valley to maintain eligibility for the Local Hiring Incentive. Please complete and return to the City by October 31 to avoid discontinuation of the Local Hiring Business License Incentive.

REQUIRED REPORTING DATA

No. of jobs created or retained over the reporting period	_____
Percentage of the jobs held by Moreno Valley residents over the reporting period	_____ %
No. of jobs actually held by Moreno Valley residents over reporting period	_____

Customer represents and warrants under penalty of perjury under the laws of the State of California that all covenants, statements of facts, representations, and documents provided to Moreno Valley with respect to Customer's eligibility for the Local Hiring Incentive are true and correct. Customer also acknowledges that as an officer of the Company, they are authorized to sign on behalf of the Company.

BY: _____

NAME: _____

TITLE: _____

DATE: _____