Print Form

CITY OF CHARLESTON
MINORITY & WOMEN BUSINESS ENTERPRISE PROGRAM
CERTIFICATION APPLICATION

Section A: Business Information — Certification # (Department Use Only) _____

*Asterisk (*) indicates **Required Information**

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

*Business Name: _____

*Federal Tax Identification Number: _____

Name of Parent Company (if any): _____

*Owner Name(s): _____

*Business Address: _____

*How long at this address: _____ Business URL (if applicable): _____

*Business Telephone Number: _____ Business Fax Number: _____

*Business Start Date: _____ *Number of Employees: _____

*Type of Business: _____ E-mail Address: _____

In the space below, please give a concise description of your company's product(s), service(s) or type of construction. The description will be placed in our database (attach separate sheet if necessary):

_____

Section B: Contact Information (if different from above)

*Name: _____ *Title: _____

*Address: _____ E-mail Address: _____

*Phone: _____ Fax Number: _____

Composition of Ownership—This is a Required Section

Please check one box under "Ethnicity" and one box under "Gender."

Ethnicity:

☐ African American or Black (at least 51% of ownership)
☐ American Indian or Alaskan Native (at least 51% of ownership)
☐ Asian (at least 51% of ownership)
☐ Hispanic or Latino (at least 51% of ownership)
☐ Native Hawaiian/Pacific Islander (at least 51% of ownership)

Gender:

☐ Female (at least 51% of ownership)
☐ Male (at least 51% of ownership)

Section C: Business License Information

License Type: _____ _____

Date Issued/Expires: _____ _____

ATTACH THESE ITEMS TO YOUR APPLICATION:

- ☒ Copies of signed federal tax returns showing gross business receipts for the last two years;
- ☒ Copies of applicable business license(s);
- ☒ Copy of current identification (i.e., driver's license, identification card, etc.);
- ☒ Copy of deed, rental or lease agreement showing business address; and
- ☒ Copies of organizational documents filed with Secretary of State (if applicable).

If you have been in business for less than two years, please provide copies of your tax return for the period that you have been in business.

If any items on the application are not applicable, please put "N/A" in the designated area. If additional space is needed, please attach additional sheet(s).

The affidavit (below) must be signed and notarized.

Thank you for your interest in doing business with the City of Charleston, if you have questions regarding certification or would like assistance in completing this form, please contact:

Theron Snype, MBE Manager
(843) 973-7247
snypet@charleston-sc.gov

APPLICATION AFFIDAVIT:

I certify that the above information is true and correct, and that my business meets all of the requirements of the City of Charleston Minority and Women Business Enterprise ("M/WBE") Program as specified in "Attachment A" attached hereto.

Print Name: _____ Signature: _____

Title: _____ Date: _____

NOTARY:

Subscribed and Sworn to before me this _____ day of_____, 20_____

Notary Public_____ Seal

My Commission Expires_____

Mail Completed Application and Affidavit to:
City of Charleston
ATTN: Theron Snype
MBE Office
145 King Street, Suite 104
Charleston, SC 29401

ATTACHMENT A – DEFINITION OF A W/MBE

A minority-owned business enterprise "(MBE)" is a business owned and controlled by minorities. A woman-owned business "(WBE)" is a business owned and controlled by women. The minorities or women must own fifty-one percent (51%) of the business, and they must control the management and daily operations of the business in order to qualify.

A minority is presumed to include, which presumption may be rebutted, a citizen of the United States (or lawfully admitted permanent residents) who is a Black African American, Hispanic American, Native American, Asian American or Native Hawaiian/Pacific Islander.