



City of Charleston

Minority & Women Business Enterprise Programs

Application for Certification



This application must be completed, signed, notarized, and submitted to the Minority & Women-Owned Business Enterprise Office with the required attachments to be processed.

The following attachments must be included along with your completed application:

- Copies of signed full two years federal tax returns;
- Copies of applicable business license(s)
- Copy of current identification, front and back (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)
- Reciprocal certification (Required if out of state)

If your company is currently certified as a minority or women-owned business under the SC Office of Small and Minority Businesses Assistance Program or certified as a disadvantaged business enterprise by the SC Department of Transportation, or the Carolinas Virginia Minority Suppliers Development Council, Inc., please attach a copy of the certificate.

Detailed information concerning application and certification requirements can be found here: charleston-sc.gov/mwbe

Section A: Owner	Certification # (Department Use Only): _____
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Contact Information		
Name:	Daytime Phone:	
Email:	Mailing Address:	
City:	State:	ZIP Code:

Demographic Information								
Race/Ethnicity (must own 51% of								
<table><tr><td><input type="checkbox"/> African American or Black</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> American Indian or Alaskan</td><td><input type="checkbox"/> Hispanic or Latino</td></tr><tr><td><input type="checkbox"/> Caucasian or White</td><td><input type="checkbox"/> Native Hawaiian/Pacific</td></tr></table>			<input type="checkbox"/> African American or Black	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Native Hawaiian/Pacific
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Asian							
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Hispanic or Latino							
<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Native Hawaiian/Pacific							
Gender (must own 51% of company):	Applying for:							
<table><tr><td><input type="checkbox"/> Male</td><td><input type="checkbox"/> First-time Certification</td></tr><tr><td><input type="checkbox"/> Female</td><td><input type="checkbox"/> Recertification</td></tr></table>	<input type="checkbox"/> Male	<input type="checkbox"/> First-time Certification	<input type="checkbox"/> Female	<input type="checkbox"/> Recertification				
<input type="checkbox"/> Male	<input type="checkbox"/> First-time Certification							
<input type="checkbox"/> Female	<input type="checkbox"/> Recertification							

Note: *Minority* is presumed to include any citizen of the United States who is African American, Native American (i.e., American Indian, Eskimo, Aleut, and Native Hawaiian), Hispanic American, Asian-Pacific American, or Subcontinent-Asian American. ((12 C.F.R. § 4.62(b))

Section B: Business Information & Notarization

Business Name:

Federal Tax ID Number:		Parent Company (if applicable):	
Owner Name:		Business Address:	
City:	State:	ZIP Code:	How long at this address?
Business Start Date:		Number of Employees:	
Business Website:		My personal net worth is under \$1.32M: Yes No	
Business Email:		Phone Number:	
Primary NAICS Code:		Secondary NAICS Code:	
In the space below, please provide a <i>brief</i> description of your company's product(s), service(s), or type of construction. This description will be placed in our public database.			
Professional License Type (if applicable):		Date of Issuance:	

Notarization

I certify the above information is true and correct. I certify that I (the applicant) own at least 51% of the named business and control the management of the business. I certify that my business meets all of the requirements of the City of Charleston Minority & Women-Owned Business Enterprise Programs as specified by the definition of a MBE or WBE on this form.

Printed Name: _____ Signature: _____ Date: _____

Notary Public (Printed Name): _____ Signature: _____

Subscribed and Sworn to me before this _____ day of

20 _____

Notary Seal:

My commission Expires: _____

Completed applications may be e-mailed to
mwbe@charleston-sc.gov or mailed to:

City of Charleston
ATTN: Ruth Jordan
Minority Business Enterprise Office
2 George Street, Ste. 3600
Charleston, SC, 29401

For questions, contact:

Ruth Jordan, MWBE Manager
Email: jordanr@charleston-sc.gov
Phone: (843) 724-7434
Website: charleston-sc.gov/mwbe