

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 documentation in order to be processed.

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

- Copies of signed federal tax returns showing gross business receipts from last 2 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)
- Reciprocal certification (Required if out of state)

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

Section A: Owner Information

Certification # (Department Use Only):

Contact Information

Name:

Daytime Phone:

Email:

Mailing Address:

City:

State:

ZIP:

Demographic Information

Race/Ethnicity (must own 51% of company):

African American or Black

Asian

American Indian or Alaskan Native

Hispanic or Latino

Caucasian or White

Native Hawaiian/Pacific Islander

Gender (must own 51% of company):

Male

Applying for:

First-time Certification

Female

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:****Type of Business: Sole Proprietorship LLC C-Corp S-Corp Partnership Other:**

In the space below, please provide a *brief* 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.

* I certify that my personal net worth does not exceed \$1.32 million, excluding the value of my personal residence and the business I am applying to have certified.

Printed Name:**Signature:****Date:****Notary Public:****Notary Seal:****Subscribed and sworn to me before this****day of**

Day

Month

Year

Completed applications may be e-mailed to
mwbe@charleston-sc.gov, or mailed to:City of Charleston
ATTN: Ruth Jordan
Division of Business & Neighborhood Services 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