



**City of Charleston
Minority & Women Business Enterprise Programs
Certification Application**

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. You may contact Ruth Jordan, MBE Manager at (843)-724-7434 with any questions.

This M&WBE Certification Application must be signed, notarized, and submitted to the Minority & Women-Owned Business Enterprise Office. You must have been in business at least two full years prior to applying for M&WBE Certification.

A minority-owned business enterprise (MBE) is a business owned and controlled by an individual or individuals who is a racial or ethnic minority. A woman-owned business (WBE) is a business owned and controlled by a female. The applying owner must own 51% of the business and 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 resident) who is African American or Black, Hispanic American or Latino, Native American, Asian American, or Native Hawaiian/Pacific Islander.

Section A: Business Information	Certification # (Department Use Only) _____
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<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other
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Business Name: _____

Federal Tax ID Number:	Parent Company (if applicable):
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Owner Name:

Business Address:	City:	State:	Zip Code:
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How long at this address?	Phone Number:
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Business Website:	Business Email:
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Business Start Date:	Number of Employees:
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Primary NAICS code:	Secondary NAICS code:
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In the space below, please give a concise description of your company's product(s), service(s), or type of construction. This description will be placed in our database.

License Type:	Date License Issued/Expires:
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Section B: Owner Contact Information (if different from above)

Name:	Daytime Phone:
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Mailing Address:	Email Address:
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City:	State:	Zip:
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Required Information for certification:

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

- | | |
|--|---|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Caucasian or White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |

Gender (must own 51% of company):

- Male
 Female

List of Documents to Include:

- 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)

If you have not been in business for at least two years, please provide copies of your tax return for the period you have been in business. If you have not been in business for a complete year, please provide copies of your signed personal tax return.

If any items on the application are not applicable, please put “N/A” in the designated area.

The affidavit below must be signed and notarized.

Disclosure and Signature

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:

Seal:

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

Notary Public: _____

My Commission Expires: _____

Mail or Email Completed Application to:

City of Charleston
ATTN: Ruth Jordan
Division of Business & Neighborhood Services
2 George Street, Ste. 3600
Charleston, SC 29401

Email: Mwbe@Charleston-SC.gov

Or Contact:

Ruth Jordan, MBE Manager
(843) 724-7434
JordanR@Charleston-SC.gov
Mwbe@Charleston-SC.gov