



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 (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	
African American or Black	Asian
American Indian or Alaskan	Hispanic or Latino
Caucasian or White	Native Hawaiian/Pacific
Gender (must own 51% of company):	Applying for:
Male	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:

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.

Printed Name: _____ Signature: _____ Date: _____

Notary Public (Printed Name): _____ Signature: _____

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

My commission Expires: _____

Notary Seal:

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