



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

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|------------------|--|
| Section A: Owner | Certification # (Department Use Only): _____ |
|------------------|--|

| | | |
|---------------------|--------|------------------|
| 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 <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