



*National Minority  
Supplier Development Council*

***MINORITY BUSINESS ENTERPRISE  
CERTIFICATION APPLICATION***

*A proud affiliate of the National Minority Supplier Development Council*



## About the Nevada Minority Supplier Development Council

The Nevada Minority Supplier Council (NvMSDC) is a nonprofit, tax exempt corporation chartered as a private sector initiative. It was founded for the sole purpose of increasing the purchase of goods and services between minority suppliers and the private and public sectors. Its major objective is to help build a stronger, more equitable society by supporting and promoting minority business development.

The NvMSDC is a member network of Business Councils nationwide, servicing Nevada, New Mexico, Idaho, Utah, with links to 3,500 corporations and 15,000 minority businesses as an affiliate to the National Minority Supplier Development Council (NMSDC), headquartered in New York City.

The NvMSDC membership includes major corporations, educational and financial institutions, government agencies, and ethnic minority businesses.

### Programs and Services

- Certification of ethnic minority business enterprises
- Referrals to major purchasers of minority suppliers capable of providing quality goods and services at competitive prices in a timely manner
- Support in developing, expanding, and promoting corporate purchasing programs
- Expansion of capital loans to certified minority businesses which have contracts with NMSDC national and regional corporate members throughout the Business Consortium Fund
- Educational seminars, training, and technical assistance for buyers and sellers to assist in personal and professional growth
- Annual Minority Business Opportunity Trade Fair, monthly general membership meetings, matchmakers events and other networking opportunities that stimulate meetings, matchmakers events and other networking opportunities that stimulate and promote information exchange and communication between buyers and sellers

### Programs Initiatives

The NvMSDC programs are designed to increase purchases by member corporations from minority-owned businesses and to broaden the base of minority suppliers in high growth, technologically sophisticated industries and professional services. These programs promote the establishment and implementation of working relationships between major corporations and minority suppliers through joint ventures, subcontracting, and mentoring.

Become a part of the NvMSDC. It makes good, sound business sense for all of us. For further information please contact our office at:

1785 E. Sahara Avenue, Suite 360 ▪ Las Vegas, NV 89104  
(702) 894.4477 Office ▪ (702) 894.9474 Fax  
E-mail: [nvminority@nvmsdc.org](mailto:nvminority@nvmsdc.org) ▪ Website: [www.NvMSDC.org](http://www.NvMSDC.org)

## ***NvMSDC CERTIFICATION PROCESS***

Congratulations on your decision to become certified with the Nevada Minority Supplier Development Council (NvMSDC)! Certification with the NvMSDC is an important step for any minority-owned business. The following section will explain the certification process and assist you in completing the NvMSDC MBE certification application. Please see below to learn more:

### ***Certification Process***

**Step 1.** Complete the NvMSDC Certification Application. Please read the Certification Criteria to ensure that you may meet the National Minority Supplier Development Council's (NMSDC) minority qualifications.

**Step 2.** Completion of certification process takes no less than 45 days and no more than 90 days if you have completed followed all of the details from the certification process and application checklist.

**Step 3.** Submit certification fee with completed application. (This fee is non-refundable)

**Step 4.** **All applications received by the Certification Manager will be immediately placed in a new file folder and forwarded to the President and the committee for review. An application remaining incomplete thirty days (30) days following the date of receipt of non-refundable fee will result in the stoppage of your certification process. Re-application is permitted one year after the end your initial certification process. The certification fee is non-refundable at this point.**

**Step 5.** Upon receipt of a completed application and **all attachments**, the certification committee will review the application. The certification committee meets once a month to review all MBE certification applications. Corporate Members of the NvMSDC make up the certification committee. After the committee reviews the application and are satisfied with the information provided the file is forwarded to the Certification Manager to setup a site visit. The site visit will be scheduled and completed at your corporation's headquarters with the majority owner(s).

**Step 6.** All completed applications with completed site visits will be presented to the Board of Directors for approval or denial.

**Step 7.** Upon approval, certificates of MBE certification will be issued from 45-90 days after completing application. Please understand that an application **is not** complete until the certification manager has received all documents, therefore your 45-90 days will begin at the time all documents have been received.

# ***CERTIFICATION QUALIFICATIONS***

## ***Certification Criteria***

A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic, Hawaiian, and Native American Indian. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members.

## ***Definition of Qualified Minorities***

- A Minority Business Enterprise (MBE) is an independent for profit enterprise, regardless of size, located in the United States or in one of its trust territories, which is owned and controlled by an ethnic minority.
- Minority ownership shall be deemed to be ownership of at least 51% of the company by citizens of the United States who are of one or more of the following ethnicities:
- Black – A U.S. citizen having origins in any of the Black racial groups of Africa.
- Hispanic – A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America and the Caribbean Basin only. Brazilians shall be listed under Hispanic designation for review and certification purposes.
- Native American – A U.S. citizen who is an American Indian, Eskimo or Aleut, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).
- Asian-Pacific – A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.
- Asian-Indian – A U.S. citizen whose origins are from India, Pakistan and Bangladesh.
- The minority owner(s) shall enjoy the customary incidents of ownership and shall share in the risks and profits of entrepreneurship. The minority owner(s) must also possess the power to direct or cause the direction of the management and policies of the firm and shall possess the capability of making day-to-day as well as major decisions on matters of management, policy and the operations of the firm.

- All other criteria as stated in the NMSDC certification manual.

## *Who to Contact*

**Nevada, New Mexico, Utah**

Certification Manager

1785 E. Sahara Avenue, Suite 360

Las Vegas, NV 89104

(O) 702.894.4477

(F) 702.894.9474

W [www.NvMSDC.org](http://www.NvMSDC.org) E [nvminority@nvmsdc.org](mailto:nvminority@nvmsdc.org) or [nvminority@aol.com](mailto:nvminority@aol.com)

### **IMPORTANT NOTE – PLEASE READ BEFORE SUBMITTING APPLICATION**

Please submit only required documents in chronological order following the checklist on the last page. The submission of a neatly organized and completed application accompanied with the required documents will expedite the processing of your application. Please do not leave anything blank. If there is an item that does not apply to you or you have answered no, please indicate on open or blank spaces by placing N/A.

*Incomplete applications will be removed from processing until the Certification Manager has received all required documents.*

## Supplier Profile Form

**“THIS DOCUMENT IS REQUIRED FOR ALL THAT APPLY & MUST BE COMPLETED”**

\_\_\_\_\_  
 \*Federal ID# or Social Security #                      \*Name of Business

\*Name of Majority Owner: \_\_\_\_\_ \*Title: \_\_\_\_\_

\_\_\_\_\_  
 \*Mailing Address    \*City    \*State    \*Zip

\_\_\_\_\_  
 \*Location Address (if different)    \*City    \*State    \*Zip

\*Major cross streets? \_\_\_\_\_ Is the business based out of your home?  Yes  No

\*E-mail : \_\_\_\_\_ \*Website: \_\_\_\_\_

\_\_\_\_\_  
 \*Office Number                      Ext.                      \*Fax Number    \*Cell Number

\*Type of Business: **(Check one)**  Broker/Agents     Construction Contractor     Consultant/Professionals  
 Distributor     Manufacturer  Manufacturer Representative  Service Contractor  Other \_\_\_\_\_

\*What does your company do? (Give detailed description) \_\_\_\_\_  
 \_\_\_\_\_

\*NAICS Codes: \_\_\_\_\_

**Go to [www.naics.com](http://www.naics.com), click on US Free Search in the top of page, enter your company product description in 1<sup>st</sup> box at the bottom of the page. Write NAICS Codes above by using the six (6) digit numbers listed under 2002 (not 1997). If you need any further assistance, call – Certification Manager at 702-894-4477.**

\***Estimated** Gross Receipts for One (1) Year: \$ \_\_\_\_\_ \*Year reporting receipts?  2005-06     2006-07     2007-08

\*Number of employees? \_\_\_\_\_ \*Number of ethnic minority employees? \_\_\_\_\_ \*Year company was established? \_\_\_\_\_

\*What state are you incorporated? \_\_\_\_\_ \*Geographic Area:  Local     Regional     National     International

\*Business Structure:  Sole Proprietor     Corporation     S-Corp     LLC     LLP     Partnership

\*Ethnicity of Owner:  Asian     Black     Hawaiian     Hispanic     Native American    /     Male     Female

\*Do you have an 8(a) Contractor’s Number?  Yes     No    \*If yes, what is the number? \_\_\_\_\_

\*List three (3) major customers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Non-Refundable Fee: (based upon # of employees)**  1-250 (\$275)     251-500 (\$500)     501-750 (\$750)     Over 750 (\$1,000)

I hereby certify that all the information that I have provided above is correct and that I have majority minority ownership, operation and control of my company.

\***Signature** of Majority Owner (only): \_\_\_\_\_ \*Date \_\_\_\_\_



## *MBE Application for Certification*

Please answer all questions completely & most accurately. Use additional sheet of paper for more space by properly referencing the appropriate number on the application. If a particular question does not apply to your business, please put N/A in the blank space (DO NOT LEAVE BLANK). The company submitting application must own, control, & operate company fifty-one percent (51%) or more, be of ethnic background under NMSDC regulations, & a U.S. Citizen.

1. Name of Company: \_\_\_\_\_

2. DBA Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Location Address [if different]: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Office Number: \_\_\_\_\_ 6. Fax Number: \_\_\_\_\_

7. Website Address: \_\_\_\_\_ 8. E-mail Address: \_\_\_\_\_

9a. Employer's ID #/Federal ID # \_\_\_\_\_ and/or Social Security #: \_\_\_\_\_

9b. In the space below, please give a concise description of company's product(s), service(s), or type of construction. If your company offers more than one product/service, list primary product or service first. Use additional paper, if necessary, and attach to this form. The description below will be placed in our database and online directory.

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9c. List owners, members, corporate shareholders and title:

Owner's Name(s)	Owner's Title

10. Key Contact (s) Name (preferably owner/principal): \_\_\_\_\_

11. Key Contact's Title: \_\_\_\_\_

12.NAICS Code(s): \_\_\_\_\_

**List your NAICS Codes again**

**13. Type of Business:** Check primary function. Check all that apply.

- Brokers/Agents (BA)
- Construction Contractor (CC)
- Consultant/Professionals
- Distributor (DS)
- Manufacturer (MF)
- Manufacturer's Rep (MR)
- Service Contractor (SC)
- Other: \_\_\_\_\_

**14. Type of Legal Business Structure:**

- Corporation
- Limited Liability Corporation or Company (LLC)
- Limited Liability Partnership (LLP)
- General Partnership
- Sole Proprietorship\*

**15. Date Business was established:** \_\_\_\_\_

**16. Is your company, firm, parent, branch or subsidiary currently certified by other NMSDC affiliate council?**

- Yes. Name of Council \_\_\_\_\_ Date: \_\_\_\_\_
- No

**17. Has your firm ever applied for certification with our council or any other type of certification?**

- No
- Yes. With whom \_\_\_\_\_ Date: \_\_\_\_\_

**18. Does your firm hold 8(a) certification?**  Yes  No

**19. What were your annual gross receipts for the past three years? If you have been in business for less than 1 year, what are your gross receipts to date?**

Year Ending 2010	\$ _____	Year Ending 2008	\$ _____
Year Ending 2009	\$ _____	Year Ending 2007	\$ _____

**20. What is your Dun & Bradstreet #, if none, put N/A:** \_\_\_\_\_

**21-A. # of employees: Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **21-B. # of Minority Employees:** \_\_\_\_\_

**22. What was your acquisition in acquiring this business? Please check one? Please give the date of acquisition.**

- Acquisition: \_\_\_\_\_ Date (by month & year): \_\_\_\_\_
- Bought Existing Business
  - Started Business
  - Merger or Consolidation
  - Secured a Franchise

**\*MINORITY GROUP**

**A citizen of the United States who is Black, Hispanic, Asian, Indian or Hawaiian.**

**Asian Pacific means whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory and the Pacific Islands, the Northern Marinas Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia.**

**Native American means American Indians, Eskimos, and Aleuts.**

**Asian Indian Americans include United States citizens whose origins are from India, Pakistan, and Bangladesh.**

**\*NMSDC's definition of Sole Proprietorship is a company owned/operated 100% by one (1) individual or married couple. Split ownership does not constitute Sole Proprietorship.**

**23. Please list all owners, proprietors, partners, officers, members, directors and stockholders. Under ownership column note is S (Stockholder, Proprietor or partner), or D (director and/or Officer)/ Citizenship status – 1=By Birth or 2=Naturalized Citizen. NMSDC does not certify non-citizens.**

**24a. Are business premises:** (check one)

- Owned
- Leased
- Home based

Attach any additional location facilities.

**24b. Geographic market**

- Local
- Regional
- National
- International

<i>Full Name of Owners, Proprietors, Partners, Officers, Members, Directors, &amp; Stockholders</i>	<i>Ethnic Origin</i>	<i>Gender (male or female)</i>	<i>Citizen 1=birth 2=naturalized</i>	<i>Years of Ownership</i>	<i>Ownership Role (stockholder, owner, president, etc)</i>	<i>Ownership Percentage (must total 100%)</i>	<i>Voting Percentage (must total 100%)</i>

**25. List of contributions of each of the owners. If none, please indicate by putting N/A.**

<b>Name of Owners that contributed</b>	<b>Actual Money</b>	<b>Equipment</b>	<b>Real Estate</b>	<b>Years of Expertise</b>
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**26. If license or permit is required to provide product or service, give information as follows:\* ex: contractor’s license**

<b>Name of License Holder (Business)</b>	<b>Type of License/Permit</b>	<b>License Number</b>

**27. Does your company share any resources with another company, firm, and/or individual?**  Yes  No

(Ex: office facilities, storage space, equipment, personnel, inventory, financing, etc.) If yes, please identify and explain fully.

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**28. Identify any owner, management official or employee who is associated with any other business. Explain fully & identify the business or person with whom you have an agreement. Attach any written, oral or intended agreement.**

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29. Identify those individuals (owners, non-owners and key employees) who are responsible for the day-to-day operations and policy decision-making, including those with prime responsibilities for:

Operation	Name	Title	Ethnic Origin
Financial decisions			
Signatory on major documents			
Personnel management			
Marketing/sales			
Payroll			
Estimating			
Purchasing of major items			
Supervision of Field Operations			
What jobs firm will undertake			

30. Is company bonded?  Yes  No Amount of Coverage? \_\_\_\_\_ Name of Company \_\_\_\_\_

31. Provide 3 current customer references. If you are a new business with no customers, indicate that below.

\*A. COMPANY \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Name of Buyer Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Service you provide? \_\_\_\_\_ Monthly Dollar Volume: \_\_\_\_\_

\*B. COMPANY \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Name of Buyer Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Service you provide? \_\_\_\_\_ Monthly Dollar Volume: \_\_\_\_\_

\* C. COMPANY \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Name of Buyer Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Service you provide? \_\_\_\_\_ Monthly Dollar Volume: \_\_\_\_\_

**32. Provide two current bank references such as your business account and a personal bank reference.**

\*A. Name of Institution \_\_\_\_\_

Name of Bank Officer \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

What type of account? \_\_\_\_\_ Credit Line: \$ \_\_\_\_\_

\*B. Name of Institution \_\_\_\_\_

Name of Bank Officer \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

What type of account? \_\_\_\_\_ Credit Line: \$ \_\_\_\_\_

**33.** If your company is a **Distributor**, please give Average Dollar Value of Inventory: \_\_\_\_\_

**34.** If your company is a **Manufacturer**, please complete following; otherwise put N/A if you have no equipment.

Basic Equipment	Leased/Owned
_____	_____
_____	_____

**35.** If your company is a **Contractor**, please complete the following section:

License # \_\_\_\_\_ License Certification \_\_\_\_\_

Trade Specialty \_\_\_\_\_

Union Name/Local \_\_\_\_\_ Union Affiliation \_\_\_\_\_

***Most Recent Project:***

Project Name \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Geographical Area \_\_\_\_\_ Dollar Value \_\_\_\_\_

**36A. Transportation Information:**

Operating Status:

- Independent Carrier
- Insurance Carrier

Common Carrier Operating Authorities:

- Interstate
- Intrastate

List the Commodities you normally transport \_\_\_\_\_

**36B. List any company vehicles in this section.**

Year/Make/Model	Owned/Leased	Registration No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**37. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary of another concern? If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent company. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.**

- Yes
- No

**38. Does your business concern any owner, proprietor, partner, officer, member, director, or stockholder above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative service, marketing, production and other type of compensated services. If yes, attach a copy of any written agreement of an explanation of any oral or intended agreement.**

- Yes
- No

**39. Is the applicant business and/or owner concern involved in any present or pending lawsuit?**

- Yes - If yes, provide details on a separate sheet.
- No

**40. How did you hear about the Nevada Minority Business Council?**

- NV Minority Business Council Staff
- A Corporate member
- Newspaper, Radio, TV
- MBE
- Event or Presentation
- Other (Please specify) \_\_\_\_\_

**41. Supply a copy of the applicant’s financial statement for one year preceding the year of application or for the time that the applicant has been in business if less than one year, plus financial statement of any subsidiaries of affiliates of the applicant for the same period of time.** If the applicant is a new business concern, enclose a copy of an opening balance sheet and projection of income, or a statement by a certified public accountant, which states that the applicant is a viable business concern. All financial statements submitted to the Council must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. All materials will be kept confidential.

**DOCUMENTATION ATTACHMENTS** – Please include appropriate documentation with the application and please indicate which documents are attached. The documentation required for certification is listed below, but is not limited to:

## ***YOU MUST READ THIS PAGE BEFORE SUBMITTING APPLICATION***

### **DECLARATION OF CERTIFICATION OF MINORITY STATUS**

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL**.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification and registration by the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** will be according to the guidelines, rules and regulations of the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL and may be amended for time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority business concern.
2. Discovery that any false information was knowingly supplied to the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** of the transfer or loss of ownership and/or management and control of the business concern by its minority group members.
4. Failure or refusal to allow the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the minority business concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

I (We) understand and agree that the **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby agrees (agree) to hold **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold **NEVADA MINORITY SUPPLIER DEVELOPMENT COUNCIL** harmless for any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto and true and correct. **I understand that the \$XXX processing fee is included and non-refundable (Sign On Next Page)**



***THIS PAGE MUST BE NOTARIZED***  
***Only complete this page in front of notary!!!!***

Name of Business \_\_\_\_\_

Signature of all Owners, Proprietors, Partners

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Please have this form **NOTARIZED**, retain a copy of this form for your files and return the original and the attachments to:

**Certification Manager**  
**Nevada Minority Supplier Development Council**  
**1785 E. Sahara Avenue, Suite 360**  
**Las Vegas, NV 89104**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_, before me, (name) \_\_\_\_\_ the undersigned  
(date)

Notary Public, personally appeared (name) \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name (s) is/are subscribed to the within instrument, and acknowledged to met hat he/she they executed in the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public \_\_\_\_\_ (Seal)

Commission Expires \_\_\_\_\_

NOTE: Public Law 99-272, the “Consolidated Omnibus Budget Reconciliation Act of 1985,” which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a “DBE”) in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) if the Small Business Act for a definition of eligibility.



## ***APPLICATION CHECKLIST***

**Submit required documents in chronological order following the checklist.**

**SOLE PROPRIETORS must submit SECTION ONE ONLY: (copies only-not originals)**

**LLC'S must submit SECTION ONE & TWO: (copies only-not originals)**

**PARTNERSHIP'S must submit SECTION ONE & THREE: (copies only-not originals)**

**CORPORATIONS must submit SECTION ONE & FOUR: (copies only-not originals)**

### **SECTION ONE (ALL BUSINESSES)**

- Fictitious Business Statement
- Proof of U.S. Citizenship (passport or birth certificate)
- Proof of Ethnicity for Owner(s), Partners, Shareholders (driver's license, and birth certificate)
- Two Years of Business Federal Tax Returns (Business) **\*\*Personal Tax Returns if in business less than 1 year**
- Financial Statements (Profit & Loss, Statement of Cash Flow, Balance Sheet) **\*\*Estimate if in business less than 1 yr.**
- City Business License (if you have more than one, submit base operations license only)
- Opening Bank Statements
- Bank Signature Card or Letter from Bank on banks letterhead indicating who are authorized signers
- Resume(s) of owner(s), partners or shareholders
- Facility Lease Agreements (not necessary if business is ran from your home, but must be indicated on application)
- Company vehicle registration or lease agreements
- Equipment Rental and Purchase Agreements
- Equipment owned or available on company letterhead (Description of equipment, year acquired, and current value, Owned or Leasing)
- List of contracts or work history for the past three years on company letterhead (Name of Business, Contact Person, Type of work performed)
- Copy of Bond (if applicable)
- Copy of Contractor's License (if applicable)
- Notes Payable (if any)
- Indian/Native Americans Blood Degree Certificate (i.e. tribal registry letter, tribal roll register number) [if applicable]
- Non-refundable processing fee must be accompanied with application;**

{ \$275 for 250 employees // \$500 for 251-500 employees // \$750 for 501-750 employees // \$1000 for over 750 employees }

### **SECTION TWO (LLC'S)**

- Income Statement
- Operating License
- Articles of Organization
- Operational Agreement
- Organizational Agreement

### **SECTION THREE (PARTNERSHIPS)**

- Partnership Agreements
- Buy Out Rights
- Profit Sharing
- Current Partnership
- Third-party agreements: management service agreements
- Proof of Capital Investment

### **SECTION FOUR (CORPORATIONS)**

- Article of Incorporation
- Certificate of Corporation
- Minutes of 1<sup>st</sup> Board Meeting (completed)
- Copies of Stock Certificates (completed) (to create your own, go to [www.goesstockcertificates.com](http://www.goesstockcertificates.com))
- Front & back of current stock ledger
- Corporate Bylaws (completed)
- Proof of Stock Purchase (copy of cancelled check or **detailed narrative** on how you started the company)