

**CHARLES COUNTY GOVERNMENT
SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM
VENDOR REGISTRATION APPLICATION**

Please type or print all information except signatures.

Date: _____

PART A: GENERAL INFORMATION

Legal Business Name:	Small Business Reserve Number: eMaryland Vendor ID Number: Small Business Reserve Renewal Date:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Branch Office Mailing Address:
Physical Street Address (if different from above):	Company Point of Contact Information: Name: _____ Title: _____ Telephone: _____ Fax: _____ Email Address: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	How long in Present Business?:

Part B: TYPE OF BUSINESS AND OWNER DEMOGRAPHICS

Type of Business:

- Sole Proprietorship
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Corporation
- Partnership

- Is this a Minority-owned Business? Yes No
- Is this a Woman-owned Business? Yes No
- Is this a Disabled Veteran-Owned Business? Yes No

- If you are a Limited Liability Company (LLC) or a Corporation, submit a copy of the State of Maryland's Department of Assessments and Taxation Certificate of Good Standing an your company's incorporation documents;
- Copy of your Internal Revenue Service (IRS) Federal Employer Identification Number (EIN);
- Any applicable business licenses or certificates, as required by law;

PROVIDE DOCUMENTATION OF YOUR SATELLITE/BRANCH OFFICE IN CHARLES COUNTY (Any one of these)

- Any applicable County tax records, government records, licenses, or certificates;
- Provide evidence or proof showing your branch location has generated 25% or more of your company gross profit. (i.e., copy of the business last two years *Profit and Loss Income Statement*.)
- List of all your employee names, addresses, and their full- or part-time status.

PROVIDING FALSE INFORMATION

Providing false information herein in connection with obtaining or attempting to obtain a contract under the Small Local Business Enterprise (SLBE) Program may result in one or more of the following:

1. No SLBE preference will be applied for the procurement in question;
2. Rescinding of any contract(s) received under fraud, as a result of the false information;
3. Disenrollment from the SLBE Program;
4. Suspension from participating in Charles County Government procurement for 12 months.

Submit this application to:

Charles County Purchasing Office
P.O. Box 2150
La Plata, Md. 20646

If a Minority/Woman-Owned Business Firm, please complete Parts E and F on Pages 4-6. If Architectural or Engineering Firm, please also submit SF-330 Form.

The applicant hereby certifies that the information provided herein is true and accurate:

Signature: _____ Date: _____
 Name: _____ Title: _____

Part D: PURCHASING STAFF ONLY

This area for Purchasing use only.

Application Received: _____ Acceptable Identification Provided: Yes / No

Reviewed & Verified By: _____

Approved: _____ Date: _____
 Chief of Purchasing, Charles County Government

SLBE Certification Number: _____

Part E: MINORITY BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION

Minority Ownership:

Total Number of Partners: _____

Number of Minority Partners: _____

Number of Non-minority Partners: _____

Minority Owner(s)	<u>Title</u>	<u>Ownership Percentage</u>	<u>Minority Class</u> (See codes below)
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

If a Corporation, Provide the Name, Address and Phone Number of Registered Agent

Name: _____

Address: _____

Telephone: _____

*Note: In order to qualify for MBE status at least 51% of the business **must be owned** by one of the following groups. It is the responsibility of the applicant(s) to provide sufficient documentation to prove minority ownership.*

Minority Classification Codes (Minority Classes Recognized by Charles County Government)

- African American (AA)
- American Indian/Native American (NA)
- Asian (AN)
- Hispanic (HC)
- Women (WN)
- Physically or Mentally Disabled (DD)
- Disabled American Veteran (VN)

Control:

If your business is a Corporation, please answer the following questions:

1. Total number of common shares authorized in Articles of Incorporation: _____
2. Total number of common shares that have been issued: _____
(As reflected in stock ledger, which must be attached)
3. Total number of common shares owned by minorities: _____
4. Total number of common shares owned by non-minority women: _____

5. Has preferred or other classes of stock been authorized? Yes / No
 - a. Does stock have voting rights? Yes / No
 - b. Total number of shares authorized: _____
 - c. Total number of shares owned by minorities: _____
 - d. Type of stock: _____
6. Number of Directors: _____
7. Number of Minority Directors: _____
8. Number of Non-minority Women Directors: _____

9. List the person(s) responsible for the daily operation/control of this business:

<u>Name</u>	<u>Title</u>	Minority (Circle One)
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

10. Have you been certified as a minority-owned business by the Maryland Department of Transportation? If so, what is your MDOT number and date of certification? MDOT #: _____ Date of Certification: _____ Yes / No

For verification purposes, this application must be submitted with a legible copy of either the Birth Certificate; Driver's License; Military ID; Passport or Maryland Department of Transportation Certification ID; of each minority owner upon which this application is based.

In addition, those applying for registration under the physical or mental disability classifications must provide documentation of the disability.

Part F: PURCHASING STAFF ONLY

This area for Purchasing use only.

Application Received: _____ Acceptable Identification Provided: Yes / No

Reviewed & Verified By: _____

Approved: _____ Date: _____
 Chief of Purchasing, Charles County Government

MBE Registration Number: _____