

# CHARLES COUNTY GOVERNMENT

## MINORITY BUSINESS ENTERPRISE (MBE) REGISTRATION APPLICATION

Please type or print all information except signatures.

Date: \_\_\_\_\_

### PART A: GENERAL INFORMATION

Legal Business Name:	Business or Trade Name:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Physical Address:
Company's Point of Contact: Name: _____ Title: _____ Telephone: _____ Email Address: _____	Company Contact Information: Telephone: _____ Fax: _____ Email Address: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	How long at Present Address:

### Part B: BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION

#### Type of Business:

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

#### 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

**Part C: INFORMATION ABOUT THE BUSINESS**

Please check the box that most appropriately describes your business:

- Architectural & Engineering Services
- Construction
- Professional Services (i.e., Accountants, Appraisers, Attorneys, Business Consultants, Real Estate Brokers)
- Other Services (i.e., Snow Removal, Electrical, Moving & Storage, Towing & Transport)
- Retailer
- Wholesaler
- Manufacturer

**Product Line / Service**

Primary Product Line/Service: <i>Please provide detailed description.</i>
Secondary Product Line/Service: <i>Please provide detailed description.</i>

<b>Gross Revenue</b> for last 3 years:	FY Year _____	\$ _____	
Business Fiscal Year:	FY Year _____	\$ _____	
_____ To _____	FY Year _____	\$ _____	
Month                      Month			

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.

Submit this application to:

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

*If Architectural or Engineering Firm, please submit SF-330 Form.*

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

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

This area for Purchasing use only.

Application Received: _____	Acceptable Identification Provided: Yes / No
Reviewed & Verified By: _____	
Approved: _____ Chief of Purchasing, Charles County Government	Date: _____
Registration Number: _____	