

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:	

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> <small>(See codes below)</small>
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

Product Line / Service

Primary Product Line/Service	Commodity Code (if applicable)
Secondary Product Line/Service	Commodity Code (if applicable)
Secondary Product Line/Service	Commodity Code (if applicable)

Gross Revenue 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.

MDOT Certification Number: _____ Date of Certification: _____

SBA 8A Certification Number: _____ Date of Certification: _____

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

Submit this application to:

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

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

MBE Registration Number: _____