



CERTIFICATION APPLICATION

A RACE AND GENDER NEUTRAL PROGRAM
Established by Charleston County Council
Ordinance on September 4, 2007

Please do not leave any blanks. All applications must be completed and returned with the required documentation to be processed. Applications that are not complete will be returned.

Legal Name of Business:		Name of Parent Company:			
Business Street Address:		Mailing Address (if different):			
Business Phone:		Cell Phone:			
Email Address: (please note that the email listed will receive information about upcoming procurement opportunities, workshops and renewals)					
Business Web Site:					
Principal Owner(s):	Title:	Gender:	Race:	Percentage Owned:	*Race Codes: B – Black W – White H – Hispanic NA – Native American SA – Subcont Asian AP – Asian/Pacific Is
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Legal Form of Enterprise: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other (state) _____					
State primary goods/services of this firm:					
Date Business Established:	No. of Employees: Full-time: _____ Part-time: _____		Federal Identification No.:		
NAICS Codes (Maximum 5 Codes): see www.naics.com for help in determining your NAICS code(s) _____					

INTERNAL USE ONLY	
Missing Docs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Verified Co. Taxes/Fees <input type="checkbox"/> Database <input type="checkbox"/> Completed
SBE Cert No.	

SBE Program Qualifications:

- In operation and actively earning for at least one year prior to application
- For-profit business whose annual gross sales receipts do not exceed \$7.5 million (if in business for more than three years, averaged over those years)
- Under day-to-day on-site management and control of the principal owner(s)

Attach Documentation:

(all documentation must be attached in order for application to be processed):

- Copy of federal tax schedule showing annual gross sales receipts for the past three years (if in business for three or more years)
- Copy of driver's license of principal owner(s)
- Copy of current business license, and any professional licenses/certifications required for the operation of the business

Signatures:

By my signature below, I certify that this business meets the stated qualifications for certification that the information I have supplied on this form and the attached documentation is true and correct, that the tax information provided with this application was filed appropriately and in a timely manner with the IRS, on behalf of the certifying firm.

Signature of Owner(s) or Principal(s)

Title

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

✓ **SIGN**
✓ **ATTACH**
✓ **RETURN**

Office of Business Opportunities

SBE Program

Charleston County Procurement
4050 Bridge View Drive, Suite 500
North Charleston, SC 29405
Phone: 843.958.4754

Please return your application/documents to:
sbeprogram@charlestoncounty.org