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FOR INTERNAL USE ONLY	
Renewal Date:	
SBE Staff:	

**SMALL BUSINESS ENTERPRISE PROGRAM
CHARLESTON COUNTY PROCUREMENT DEPARTMENT**

RECERTIFICATION APPLICATION

Directions: Please fill out this form in its entirety – all sections are required, unless otherwise noted. Please make certain to submit all required documents.

RECERTIFICATION ELIGIBILITY REQUIREMENTS:	<input type="checkbox"/> Firm's 3 year average gross sales volume has not exceeded \$7.5 million <input type="checkbox"/> Firm is still under the day to day management and control of the principal owner <input type="checkbox"/> Firm does not owe any Charleston County taxes or license fees
REQUIRED DOCUMENTS:	<input type="checkbox"/> Signed federal tax return showing firm's gross annual receipts for the preceding year <input type="checkbox"/> Current business license and any professional license required for the business

Business Name: _____

SBE Certification No.: _____

***Please check the website at www.charlestoncounty.org to verify your company's information in the SBE listing. If there are no changes, please check the box below and sign the bottom of this application.**

NO CHANGES TO THE SBE DATABASE ARE REQUIRED

New Physical Address: _____

New Mailing Address: _____

New Email Address: _____ New Website: _____

New Phone No.: _____ New Fax No.: _____

New Business Description: _____

<input type="checkbox"/> Add or Delete NAICS Codes (only 5 allowed):	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
	_____	_____	_____	_____	_____

If you answer YES to either of the below, please submit supporting documentation.

Change in Legal Structure of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Changed to: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> Joint Venture

Change in Ownership (including changes in share distribution)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SIGNATURE OF MAJORITY OWNER:	_____
PRINTED NAME:	_____
DATE:	_____

RETURN THIS APPLICATION WITH ANY SUPPORTING DOCUMENTATION, TO THE ABOVE ADDRESS OR YOU MAY EMAIL TO HCHESSE@CHARLESTONCOUNTY.ORG