



**SMALL BUSINESS  
ENTERPRISE PROGRAM**

*A Race and Gender Neutral Program With  
No Geographical Boundaries*

# SBE Certification Application

*Established by Charleston County Council  
Ordinance on September 4, 2007*

Legal Name of Business:		Name of Parent Company:			
<input type="checkbox"/> Federal Identification No. _____ - _____ (OR) <input type="checkbox"/> Owner's Social Security No. _____ - _____ - _____					
Date Business Established:		No. of Employees:	Full-time _____ Part-time _____		
Business Physical Street Address:		Mail Address (if different):			
Business Phone: ( ) _____		Fax No.: ( ) _____			
Email Address:	<b><u>Be sure to advise us if your email address changes at any time. This will be our main line of communication.</u></b>				
Business Web Site:	WWW. _____				
List all Owners:  *Race Codes B - Black W - White H - Hispanic NA - Native Americ SA - Subcont Asian AP- Asian-Pacific Is	<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Gender</u></b>	<b><u>*Race</u></b>	<b><u>Percentage Owned</u></b>
			<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		%
			<input type="checkbox"/> Male <input type="checkbox"/> Female		%
Legal Form of Enterprise:	<b><i>Check all that apply</i></b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (state) _____	<b><u>State primary goods/services of this firm:</u></b> (description should match NAICS codes listed below)			
<b>NAICS Codes (see <a href="http://www.naics.com">www.naics.com</a> for help) One for each of your primary goods/services (up to 5):</b>					

## Qualifications:

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

## Attach Documentation:

- Copy of signed federal tax return for previous three years
- Copy of driver's license for principal owner(s)
- Copy of current business license, and any professional licenses/certifications required for the operation of the business, or for key employees performing functions which require licensing or certification

## Signatures:

**By my signature below, I certify that the information I have supplied on this form and the attached documentation is true and correct.**

Signature of Owner(s) or Principal(s)

Title

Date

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Charleston County Procurement  
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\*Preferred method is for documents to be scanned and emailed if possible. Thank you.