



Charleston County
Small Business Enterprise Program
Certification Application
PHONE: (843) 958-4750
WWW.CHARLESTONCOUNTY.ORG

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

Name of Business:		Parent Company:	
Street Address:		City, State and Zip:	
Mailing Address (if different):		City, State and Zip:	
Business Phone:		Fax No.:	
Email Address:			
Business Web Site:			
Principal Owner(s):		Title:	
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		
Date Business Established:		Date Business Actively Started Earning:	
Business Description (brief description of goods and services):			
NAICS Code (Maximum 5 Codes):			
SEE HTTP://WWW.CENSUS.GOV/EOS/WWW/NAICS/ FOR HELP IN DETERMINING YOUR NAICS CODE(S).			
<input type="checkbox"/> Federal Identification No. _____ - _____ OR <input type="checkbox"/> Owner's Social Security No. _____ - ____ - _____			
Demographic Data (please indicate ownership of at least 51%):			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin

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SBE Program Qualifications:

- Annual gross sales receipts do not exceed \$7.5 million (as averaged over previous three years)
- Under day-to-day management and control of the principal
- In operation and actively earning for at least one year prior to application

Required Documentation (must be attached):

- Copy of signed federal tax schedule showing annual gross sales receipts for the past three years (i.e., Schedule-C, Schedule-S)
- Copy of driver's license of principal owner(s)
- Copy of current business license and any professional licenses required for the operation of the business

I certify that this business meets the stated qualifications for certification.

Signature of Owner or Principal

Title

Date

**✓ SIGN
✓ ATTACH
✓ RETURN**

MAIL COMPLETED APPLICATION TO:

Small Business Enterprise Program
Charleston County Procurement
4045 Bridge View Drive, Suite B250
North Charleston, SC 29405

SMALL BUSINESS ENTERPRISE PARTNERS:



www.ccprc.com



www.ridecarta.com



<http://sesbdc.moore.sc.edu>