



*Small and Minority Business Resources Department- Certification Office, 4201 Ed Bluestein Boulevard, Austin, TX 78721*

## SMALL & MINORITY BUSINESS RESOURCES DEPARTMENT MBE/WBE CERTIFICATION APPLICATION

COA MBE/WBE Certification Application  
07/01/2010

**The following documents must be submitted with this application.** Please mark an “X” in the blank opposite each item submitted. If any of the items do not apply please mark “NA” and submit a written explanation of any missing or non-applicable documents. **NOTE:** You may be asked to provide additional information to support this application and if, upon investigation, the additional information is found not to be true certification may be denied.

**ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:**

CHECK	INFORMATION REQUESTED	ACCEPTABLE PROOF
	Personal Net Worth (PNW) Statement <b>OR</b> Alternate Personal Net Worth Statement	Attach PNW or Alternate PNW Statement to application
	Proof of U.S. citizenship or permanent residency status	Birth Certificate, U.S. Passport, Alien Resident Card, Certificate of Citizenship or Naturalization, Tribal Card, etc.
	Proof of race / ethnicity and/or gender status	Birth Certificate, Tribal Card, Drivers License, etc.; Statement of Ethnicity
	Copy of all current licenses, registrations, permits or certificates required by the State of Texas and/or the City of Austin.	Engineer, architect, CPA, CDL, plumbing, electrical, medical, HVAC, HazMat, etc.
	Copy of lease or rental agreement for Texas business site and one cancelled check used to make payment.	Lease or rental agreement. If a home office, Mortgage or Property Tax Statement.
	Resume of all owners, officers and management staff showing education, training, work, and management experience	
	Proof of capital investment in firm	Documentation showing initial investment in firm: cancelled check, loan agreements, etc
	Past or current loan agreements of applicant or between any owners	
	Copy of bank signature card (s) for business/ commercial account(s)	
	Proof of vehicle, equipment and real estate contribution	Title papers, lease or rental agreements, equipment list & current value of equipment, mortgage, paid invoices, etc
	Current Balance Sheet and/or Business Plan for firm	
	Proof that firm has been functional and operating at least 90 days prior to this application	One recent invoice or contract

**FOR A SOLE PROPRIETORSHIP, ADD:**

	Assumed Name Certificate
	Firm's Tax Returns for past 3 years (Form 1040, Schedule C) *In the case of a newly formed business, please include the previous two years of individual tax returns of the owner.

**FOR A PARTNERSHIP (Limited/General) or FRANCHISE, ADD:**

	Complete Copy Of Partnership Agreement Including Buyout Rights And Profit Sharing
	Franchise Agreement, if applicable
	Firm's Tax Returns for the past 3 years (Form 1065 and all Schedule K-1s) *In the case of a newly formed business, please include the previous two years of individual tax returns of the owners, partners or members.

**FOR A LIMITED LIABILITY CORPORATION/COMPANY, ADD:**

	Articles Of Organization
	Copy of Agreement/Regulations/Operating Agreement, as applicable

	Copy of All Issued and Voided Membership Certificates (Front and back, not a specimen copy) and stock transfer ledger, as applicable
	Firm's Tax Returns for the past 3 years (Form 1120, Pages 1, 2 & 3 or 1120S and all Schedule K-1s) *In the case of a newly formed business, please include the previous two years of individual tax returns of the owners, partners or members.

**FOR A CORPORATION, ADD:**

	Articles Of Incorporation
	Copy Of Corporate Bylaws
	Copy Of Current Corporate Meeting Minutes & Any Minutes affecting ownership
	Copy of All Issued and Voided Membership Certificates (Front and back, not a specimen copy) and stock transfer ledger, as applicable
	Firm's Tax Returns for the past 3 years (Form 1120, Pages 1, 2 & 3 or 1120S and all Schedule K-1s) *In the case of a newly formed business, please include the previous two years of individual tax returns of the owners, partners or members.

**GENERAL BUSINESS INFORMATION**

1. Business Name			
Owner's Name			
City's Vendor Code #	Telephone Number	Fax Number	Mobile/Cell Number
E-mail Address		Internet Website / URL Address	
2. Does this business use any other name(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate name(s):			
3. Business Mailing Address			
City	State	County	Zip
4. Physical Address of Business			
City	State	County	Zip
5. Is the business address and/or telephone number residential? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Date business was established under present name and ownership:	
7. Tax Identification Number:		8. Is your Tax ID the same as your Social Security Number? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is this business a continuation of a pre-existing business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate name(s):			
10. Indicate if this firm has previously been certified or participated as a DBE/HUB/MBE/WBE. Indicate the name of the certifying authority and provide a copy of the certification letter or certificate.	CERTIFYING AUTHORITY		DATE
Indicate if this firm or any other firm with any of the same officers or owners has previously been denied DBE /HUB MBE/WBE certification by any agency. (Indicate the name of the agency, the date of such denial and describe the circumstances:			
11. Is the business affiliated with another business? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list name and address of the affiliate firm:	
12. Business Structure (check one):			
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY COMPANY

<b>13.</b> Please list two company and/or client references:						
<b>COMPANY</b>	<b>CONTACT PERSON</b>		<b>TITLE</b>	<b>TELEPHONE</b>		

<b>14.</b> Identify <u>up to three</u> of your major products/services:						
<b>PRODUCT OR SERVICE</b>				<b>PROVIDE A BRIEF DESCRIPTION:</b>		
1.						
2.						
3.						

<b>15.</b> Does your firm share any resource(s) (office facilities, storage space, equipment, financing and personnel) with any other firms or individuals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:						

<b>16.</b> What are the gross receipts and number of employees of the firm for each of the last three federal income tax years?						
<b>YEAR ENDING</b>	<b>GROSS RECEIPTS (\$)</b>			<b># OF EMPLOYEES</b> <i>(Include full-time "FT" and part-time "PT")</i>		

<b>17.</b> Please identify the firms' ownership: (use additional sheet if more than three owners)						
<b>OWNER(S) NAME</b>	<b>ETHNICITY</b> *	<b>GENDER</b> (M/F)	<b>U.S. CITIZEN</b> (Y/N)	<b>DATE OF OWNERSHIP</b>	<b>OWNERSHIP</b> %	<b># OF SHARES</b>

\*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

<b>18.</b> Identify any owner or management official of the firm who is or has been an employee of another firm that has ownership interest or a present business relationship with your firm:						

<b>19.</b> List the initial contribution of money, equipment, real estate and amount of expertise for each owner <i>(Please use an additional sheet of paper if necessary):</i>						
<b>NAME</b>	<b>MONEY(\$)</b>	<b>EQUIPMENT(\$)</b>	<b>REAL ESTATE (\$)</b>	<b>EXPERTISE (years)</b>		

<b>NOTE:</b> Please make sure minority and/or woman owner has submitted documented proof of contribution figures listed under money, equipment and real estate. Explain any unusual circumstances surrounding the acquisition of the firm.						

<b>20.</b> Is a license, certificate, permit or registration required for the product or service you provide? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must include a current copy of all required license(s) with application.						

**21.** Identify those individuals in the firm (including owners and non-owners; partners and non-partners; members and non-members) who are responsible for the day-to-day management and policy decision-making including, but not limited to those with prime responsibility for:

BUSINESS AREA	NAME	ETHNICITY*	GENDER (M/F)	TITLE
Financial Decisions				
Management Decisions				
Estimating and Bid Preparation				
Personnel (Hiring and Firing)				
Purchasing of Major Equipment, Materials and Supplies				
Supervision of Field Operations				
Negotiation, Administration and Signing of Contracts				
Marketing and Sales				

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**22.** For Corporations, Limited Liability Corporations, or Partnerships identify Board of Directors or Partners:  
(Add additional pages if necessary.)

NAME	TITLE	ETHNICITY*	GENDER (M/F)	DATE ELECTED/ EXPIRATION OF TERM

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### How did you hear about us?

**Your interest and participation in this program is very important to us. Your response is appreciated!**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TV/ Radio/ News       | <input type="checkbox"/> Asian Construction Trades Association | <input type="checkbox"/> Austin Asian-American Chamber of Commerce   |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> Austin Black Contractors Association  | <input type="checkbox"/> Capital City Chamber of Commerce            |
| <input type="checkbox"/> Workshop or Event     | <input type="checkbox"/> Community Mentor Protégé Initiative   | <input type="checkbox"/> Greater Austin Chamber of Commerce          |
| <input type="checkbox"/> Other City Department | <input type="checkbox"/> US Hispanic Contractors Association   | <input type="checkbox"/> Greater Austin Hispanic Chamber of Commerce |
| <input type="checkbox"/> Referral: _____       | <input type="checkbox"/> Other: _____                          |  |

## **AFFIDAVIT**

A certification application must be executed under oath by the owner or authorized officer of the business. If such form is signed by any party other than the president or secretary of a corporation, general partner of a partnership, managing member of a limited liability company or owner of a sole proprietorship, such party must also submit evidence of his or her authority. Material factual representations must be based on personal knowledge of the person executing the application.

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, certification shall be denied and the matter shall be evaluated for possible sanctions under the law. The undersigned hereby authorizes the City to permit the Director to obtain from third persons (e.g., utility companies, business references, and lessors/ lessees) information relevant to any applicant's eligibility for certification.

The undersigned hereby affirms that no principal, officer, owner, or any person having decision-making authority or any direct or indirect interest in the applicant has, within five (5) years of the date of such application, owned a direct or indirect interest in, or been financially affiliated with, any firm to which MBE, WBE or DBE certification has been denied or withdrawn by any governmental entity where such denial or withdrawal was based, in whole or in part, upon false information contained in an application for certification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Notary Certificate**

State of Texas

County of \_\_\_\_\_

\_\_\_\_\_, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein are true.

\_\_\_\_\_  
Notary Public

(Notary Seal)