



Company Name: _____

Documents Checklist: Please make sure you have all pertinent documents related to your business included with your application.

For ALL APPLICANTS

- _____a. Application
- _____b. Federal Tax Return (Form 1120, 1120S for corporations; 1065 for partnerships, or 1040 for sole proprietorships and limited liability companies) for the last three (3) years or for those years in business if less than three (3) years, include all schedules, W-9 Form
- _____c. Current or most recent financial statement including balance sheet and income statement (if less than one year in business, submit opening balance sheet and income statement for those months in business)
- _____d. Lease/rental agreement(s) **or** ownership agreements for space and equipment
- _____e. Five cancelled checks written for business purposes
- _____f. Current resumes of principals showing education, training, professional license and employment experience with dates

For MINORITY BUSINESS ENTERPRISE AND WOMAN BUSINESS ENTERPRISE APPLICANTS

- _____a. Bank signature card reflecting who signs checks and loans
- _____b. Documentation of initial investment by applicant showing source(s) of start-up capital. Please submit copies of canceled checks
- _____c. Documentation of ethnicity of minority principal(s) (birth certificate, passport, resident alien card, tribal affiliation card) **(for minority applicants)**

For a SOLE PROPRIETORSHIP

- _____a. Business Certificate from your local City Clerk's Office

For a CORPORATION

- _____a. Articles of Incorporation and all amendments thereto
- _____b. Corporation By-Laws and amendments thereto
- _____c. Minutes of first corporate organizational meeting
- _____d. Copy of stock certificate(s) issued, both sides, not specimen copy

For a PARTNERSHIP

- _____a. Partnership agreement, including buy-out rights and profit sharing agreement

For a LIMITED LIABILITY COMPANY

- _____a. Articles of Organization
- _____b. Operating Agreement

For a VETERAN OWNED BUSINESS ENTERPRISE

- _____a. Certification Letter from the U.S. Department of Veterans Affairs

For a NON-PROFIT

- _____a. Federal Tax Exempt Form 501 c(3) or c(4)
- _____b. Articles of incorporation and all amendments thereto
- _____c. List of Board of Directors/Trustees and ethnic/gender affiliation of each Board/Trustee member

Firm is applying as (check all that apply)

- Small Business Enterprise (SBE) Small Local Business Enterprise (SLBE)
 Minority Business Enterprise (MBE) Woman Business Enterprise (WBE)

If applying for MBE or WBE certification, please specify the controlling interest:

- Asian Cape Verdean Native American Woman
 Black Hispanic White Other
Minority ownership _____ % Woman ownership _____ %

Are you certified by: (check all that apply)

- Supplier Diversity Office (SDO)*
*If you checked this box, please submit your current SDO certification letter with your application.
 U.S. Department of Veteran Affairs SBA8(a)
 Other (describe) _____

Type of Business

- Corporation Partnership Sole Proprietorship Limited Liability Company Joint Venture
 For Profit Not For Profit Other Specify _____

Business Industry

- Construction Professional Services Supplier Other _____

Name of Business

Name and Title of Business Owner

Business Street Address

City

State

Zip Code

() ()

Telephone

Fax

Email Address

Website

Federal Identification Number

Date Established

Number of Employees

List all products and/ or services rendered in the line above

[] [] []

Gross receipts of sales for the last three years in business (indicate year within brackets)

1. Does your company have an affiliation with any other company? Yes No
If yes, please provide the following information:

Affiliate Name(s) and/or Owners _____

Business Address _____

Business Telephone Number _____

If you are applying for Small or Small Local Business certification, please proceed to question 5.

If you are applying for Minority or Woman Business Enterprise Certification, please continue with question 2.

2. How was your business started or acquired? (Include source of financing) If a personal or institutional loan was taken out, please answer below:

Name of Lender _____

Date of Loan Agreement _____

Terms of Repayment _____

3. If a corporation, please list shareholders below:

Name	Minority Y/N	Gender M/F	Class Common or Preferred	Number of Shares	Total Cost	Date of Ownership

Total number of shares outstanding: Common _____ Preferred _____

- a. If your firm is owned in whole or in part by another company, list on a separate sheet that company’s shareholders. Include percentage of ownership interest and the names and addresses of directors and officers. Use the same format above listing total number of shares outstanding, names and addresses of shareholders.
- b. List all agreements which restrict voting rights of minority/woman pursuant to the corporation by-laws or articles of incorporation or otherwise.
- c. List the names and addresses of the officers of the company

Position	Name	Address	Minority Y/N	Gender M/F	Date Elected/ Appointed
President					
Vice President					
Secretary					
Treasurer					
Other					

d. List current Board of directors

Name	Address	Minority Y/N	Gender M/F	Date Elected/Appointed

e. List names of investors in the company other than the shareholders:

Type of investment: _____ Amount: _____ Date: _____

4. Please provide the names of up to three principals, the percent of ownership and gender of each, and ethnic affiliation as indicated in the table below. Gender and ethnic information is completely optional and will be used for informational purposes only.

Principal (s) Name	% of Ownership	Gender M/F	Minority Y/N

Affiliation Codes 1-Black 2-Native American 3-Hispanic 4-Asian Pacific
 5-Asian Indian 6-Cape Verdean 7-White

5. Who is responsible for the following:

	Name	Minority Y/N	Gender M/F	Title
Surety and or Performance Bonds				
Insurance				
Payroll				
Job Supervision				
Hiring and Firing				
Inventory				
Financial Decisions				
Seeking and Negotiating Contracts				
Management Decisions				
Accepting and Rejecting Bids				

6. If a supplier:

Please attach documentation for warehouse/storage facility; product line; distribution equipment leased or owned.

Describe the type of insurance of the company including but not limited to: Workmen’s Compensation, General Liability, Unemployment Insurance

What is the estimated average value of inventory held on property owned or leased during the period of one month? _____

If applicable, what is the capacity of your performance bonding for supply contracts with customers?

7. Work History, Construction Companies

a. List last five jobs completed or on-going. Use additional sheets if necessary.

Project Name (List awarding Department if Public Agency	Architect, Owner or General Contractor (Indicate address and telephone number)	Your Company's Contract Price	Your Company's Start Date	Your Company's End Date or % Completed	Your Company's Bond Amount

b. Work history for Goods and Services Vendors:

Client	Work Performed

c. List three ongoing business concerns, list the contract/project name, the client/general contractor, the scope of service being performed, and the dollar amount of the contract

Contract/Project Name	Client/general contractor	Scope of service	Dollar amount of contract

d. List items used in the business, specify whether items are owned or rented/leased

Construction Equipment	Owned	Leased	Rented

Office Equipment	Owned	Leased	Rented

For Data Entry Purposes, please fill out the following information:

8. Please select three category codes from the enclosed "Category Index List" that best describes your business.

Category Codes (s): [1] _____ [2] _____ [3] _____

9. All Vendors: Please select up to three North American Industry Classification System codes from the enclosed NAICS List of Short Titles that best describe your business.

NAICS Codes: [1] _____ [2] _____ [3] _____

10. Vendors of Goods/Commodities (Not Services): Please select up to five City of Boston Commodity Codes from the enclosed Commodity Code List that best describe your offerings.

Commodity Code (s): [1] _____ [2] _____ [3] _____

11. Has this company done business with the City of Boston or any of its affiliate agencies in the past?

Yes No

If yes, please mark all that apply:

City of Boston, include Vendor ID # _____

Boston Redevelopment Authority

Boston School Department

Boston Water and Sewer Commission

Boston Housing Authority

Economic Development Industrial Corp.

Other (please specify) _____

12. Small, Small Local, Minority or Woman Business Certification by owner(s) or principals:

I hereby certify that _____
Print Full Name of Business

is a Small, Small Local, Minority, or Woman Business Enterprise as defined below.

- a. Small Business Enterprise (SBE) means an independent business with gross receipts, when averaged over a three-year period, do not exceed gross income limitations for that particular industry as defined by the Small Local Business Enterprise Office.
- b. Small Local Business Enterprise (SLBE) means an independent business which is a Small Business Enterprise, as defined above, and whose principal office is physically located in the City of Boston, as defined by the SLBE certification regulations issued pursuant thereto.
- c. Minority Business Enterprise (MBE) means a business organization which is beneficially owned by one or more minority group members as follows:
 - i. The business must be at least 51% beneficially owned by minority group members.
 - ii. The minority owners must demonstrate that they have control over management.
 - iii. The firm has not been solely established for the purpose of taking advantage of a special program which has been developed to assist minority-owned businesses.
- d. Woman Business Enterprise (WBE) means an independent business organization which is beneficially owned by one or more women as follows:
 - i. The business must be at least 51% beneficially owned by a woman.
 - ii. The woman owner must demonstrate that she has control over management.
 - iii. The firm has not been solely established for the purpose of taking advantage of a special program which has been developed to assist woman-owned businesses.
- e. Beneficial owner and control shall be indicated by at least the following where applicable to the particular form of business organization:
 - i. Ownership of each class of stock.
 - ii. Unrestricted voting rights.
 - iii. Right to receive profits and all other benefits attached to ownership.
 - iv. Evidence of majority participation in the management of the enterprise.

The Office of Small Business Development reserves the right to deem the existence of any agreements, options, rights of conversion, or other restraints which may be exercised within three years, and which, if exercised, could reduce minority or woman ownership or control to less than the requisite percentage, to be grounds for rejection of the existing enterprise as a small, small local, minority or woman business enterprise.
- f. Minority means a citizen of or permanent resident of the United States who is Asian (including persons who have origins in any of the original peoples of the sub-continent of India), Black, Cape Verdean, Native American, or Hispanic.
- g. Woman means an adult female person.

Under pains and penalties of perjury, I swear that the above information contained in this application is true, complete and accurate.

I acknowledge that the City of Boston Office of Small Business Development reserves the right to request additional information at any given time regarding certification.

Sign: _____

Print: _____

Title: _____

Date: _____