



REGISTERED MINORITY BUSINESS APPLICATION

1. _____
 Company Name Federal Tax Id or Social Security Number

2. _____
 Type of Business (Corporation, Partnership, Sole Proprietorship) Date company was established

3. Type of Industry, (Please check all that apply):
 Construction Professional Services
 Goods Miscellaneous

4. Please describe the major activity of the company. Please be specific: _____

5. Check box if Company is a Non-profit organization.

6. _____
 Business Street Address P.O. Box

 City State Zip

7. _____ () _____ () _____
 Owner Phone Number Fax Number

 (E-mail address) (Website address)

8. Ownership Disclosure (Attach additional sheets if necessary):

Owner(s) Name	Percentage of Ownership	Race: (Black, Hispanic, Asian and Pacific Islander, American Indian and Alaska Natives, Women)	Gender	Title

9. Name of person(s) responsible for day-to-day operation of business. _____

10. Has this company ever conducted business under another name? YES _____ NO _____

If yes, please state former names (s): _____

11. Are you a U.S. citizen? _____ If no, do you hold a valid Green Card? _____ Please attach copy of Green Card.

12. Please attach proof of ethnicity. Copy of Birth Certificate _____ Certificate of Naturalization _____ Driver's Licenses _____ Passport _____

13. Please complete the Affidavit. Notarize it and return all information and attachments to EBOCO.

For Office use only:

Date Received:	Registration Expires:	Registered By:
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AFFIDAVIT

Complete all sections. Please type or print legibly. Incomplete applications will be returned.

A NOTARY PUBLIC MUST WITNESS SIGNATURE OF COMPANY OFFICIAL

The undersigned, as a duty authorized company official, certifies that the foregoing statements are true, correct and accurately identify and explain the operation of _____ as well as the ownership thereof, and understands that any material misrepresentation will be grounds for terminating any contract which may be awarded. The undersigned also agrees that if there is any significant change in the operation submitted, the Equal Business Opportunity Commission Office will be notified within sixty (60) days, in writing, of said change.

Company Official's Signature and Title:

Signature

Date

Print Name and Title

State of _____

County of _____

Sworn to before me and subscribed in my presence on this _____ day of _____, **20**_____, the affiant did state that he/she was properly authorized to execute the affidavit and did so of his/her own free will.

State Seal

Notary Public

My Commission Expires

NOTE: NOTARIZATION REQUIRED

This application is only for those businesses who are ready, willing and able to perform on behalf of the City of Columbus and who are not currently eligible for the Minority/Female Business Enterprise certification program.