



SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM VENDOR REGISTRATION APPLICATION

Please type or print all information except signatures.

PART A: GENERAL INFORMATION

Legal Business Name:	Small Business Reserve Number: Small Business Reserve Renewal Date: eMaryland Vendor ID Number:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Branch Office Mailing Address:
Physical Street Address (if different from above):	Company Point of Contact Information: Name: _____ Title: _____ Telephone: _____ Fax: _____ Email Address: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	How long in Present Business:

Part B: TYPE OF BUSINESS AND OWNER DEMOGRAPHICS

Type of Business:

- Sole Proprietorship
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Corporation
- Partnership





- Is this a Minority-owned Business? Yes No
- Is this a Woman-owned Business? Yes No
- Is this a Disabled Veteran-Owned Business? Yes No

Part C: INFORMATION ABOUT THE BUSINESS

Please check the box that most appropriately describes your business:

- Architectural & Engineering Services
- Broker
- Construction
- Dealer
- Manufacturer
- Professional Services (i.e., Accountants, Appraisers, Attorneys, Business Consultants, Real Estate Brokers)
- Retailer
- Research & Development
- Wholesaler
- Other Services (i.e., Snow Removal, Electrical, Moving & Storage, Towing & Transport)

Product/Service and National Institute of Governmental Purchasing (NIGP) Codes

Primary Product Line/Service: <i>Please provide detailed description.</i>		
eMaryland Marketplace NIGP Commodity and Service Codes		
1.	4.	7.
2.	5.	8.
3.	6.	9.

Gross Revenue for last 3 years: FY Year _____ \$ _____

Business Fiscal Year: FY Year _____ \$ _____

Month _____ to Month _____ FY Year _____ \$ _____



PROVIDE DOCUMENTATION OF YOUR CHARLES COUNTY LOCAL BUSINESS STATUS (Any one of these)

- Copy of your Charles County, MD business license;
- If you are self-employed or the owner of the business, you must submit a **signed** copy of your last two years of IRS 1040 Schedule C, for Sole Proprietorship, and all the other related schedules.
- If your company is a Corporation, you must submit a **signed** copy of the company's last two years of IRS 1040 Schedule E for Corporations, and all the other related schedules.
- If you are a Limited Liability Company (LLC) or a Corporation, submit a copy of the State of Maryland's Department of Assessments and Taxation Certificate of Good Standing and your company's incorporation documents;
- Copy of your Internal Revenue Service (IRS) Federal Employer Identification Number (EIN);
- Any applicable business licenses or certificates, as required by law;

PROVIDE DOCUMENTATION OF YOUR SATELLITE/BRANCH OFFICE IN CHARLES COUNTY (Any one of these)

- Any applicable County tax records, government records, licenses, or certificates;
- Provide evidence or proof showing your branch location has generated 25% or more of your company gross profit. (i.e., copy of the business last two years *Profit and Loss Income Statement*.)
- List of all your employee names, addresses, and their full- or part-time status.

PROVIDING FALSE INFORMATION

Providing false information herein in connection with obtaining or attempting to obtain a contract under the Small Local Business Enterprise (SLBE) Program may result in one or more of the following:

1. No SLBE preference will be applied for the procurement in question;
2. Rescinding of any contract(s) received under fraud, as a result of the false information;
3. Disenrollment from the SLBE Program;
4. Suspension from participating in Charles County Government procurement for 12 months.

Submit this application to:

**Charles County Economic Development Department
10665 Stanhaven Place, Suite 206
White Plains, MD 20695**





**If a Minority/Woman-Owned Business Firm, please complete Parts E and F.
If Architectural or Engineering Firm, please also submit SF-330 Form.**

The applicant hereby certifies that the information provided herein is true and accurate:

Signature: _____

Date: _____

Name: _____

Title: _____

Part D: ECONOMIC DEVELOPMENT STAFF ONLY

This area for EDD use only.

Application Received: _____

Acceptable Identification Provided: Yes / No

Reviewed & Verified By: _____

Approved: _____

Date: _____

Chief of Business Development, Economic Development Department

SLBE Certification Number: _____





Registration Application

Part A: MINORITY BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION

Minority Ownership:

Total Number of Partners: _____

Number of Minority Partners: _____

Number of Non-minority Partners: _____

PART B: MINORITY OWNER(S)	<u>Title</u>	<u>Ownership Percentage</u>	<u>Minority Class</u> (See codes below)
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

If a Corporation, Provide the Name, Address and Phone Number of Registered Agent

Name: _____

Address: _____

Telephone: _____

*Note: In order to qualify for MBE status at least 51% of the business **must be owned** by one of the following groups. It is the responsibility of the applicant(s) to provide sufficient documentation to prove minority ownership.*





PART C: MINORITY CLASSIFICATION CODES (Minority Classes Recognized by Charles County Government)

- African American (AA)
- American Indian/Native American (NA)
- Asian (AN)
- Hispanic (HC)
- Women (WN)
- Physically or Mentally Disabled (DD)
- Disabled Veteran (VN)

PART D: CONTROL:

If your business is a Corporation, please answer the following questions:

1. Total number of common shares authorized in Articles of Incorporation: _____
2. Total number of common shares that have been issued:
(As reflected in stock ledger, which must be attached) _____
3. Total number of common shares owned by minorities: _____
4. Total number of common shares owned by non-minority women: _____
5. Has preferred or other classes of stock been authorized? _____ (yes or no)
 - a. Does stock have voting rights? _____ (yes or no)
 - b. Total number of shares authorized: _____
 - c. Total number of shares owned by minorities: _____
 - d. Type of stock: _____
6. Number of Directors: _____
7. Number of Minority Directors: _____
8. Number of Non-minority Women Directors: _____

9. List the person(s) responsible for the daily operation/control of this business:

<u>Name</u>	<u>Title</u>	Minority (Type Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



10. Have you been certified as a minority-owned business by the Maryland Department of Transportation? If so, what is your MDOT number and date of certification? MDOT #: _____ Date of Certification: _____ Yes or No _____

For verification purposes, this application must be submitted with a legible copy of either the Birth Certificate; Driver's License; Military ID; Passport or Maryland Department of Transportation Certification ID; of each minority owner upon which this application is based.

In addition, those applying for registration under the physical or mental disability classifications must provide documentation of the disability.

Part F: PURCHASING STAFF ONLY

This area for EDD use only.

Application Received: _____ Acceptable Identification Provided: Yes / No

Reviewed & Verified By: _____

Approved: _____ Date: _____
Chief of Business Development, Economic Development Department

MBE Registration Number: _____

