

## MINORITY BUSINESS ENTERPRISE (MBE) REGISTRATION APPLICATION

Please type or print all information except signatures.

Date: \_\_\_\_\_

### PART A: GENERAL INFORMATION

Legal Business Name:	Business or Trade Name:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Physical Address:
Company's Point of Contact: Name: _____ Title: _____ Telephone: _____ Email Address: _____	Company Contact Information: Telephone: _____ Fax: _____ Email Address: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	

### Part B: BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION

#### Type of Business:

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

#### Minority Ownership:

Total Number of Partners: \_\_\_\_\_      Number of Minority Partners: \_\_\_\_\_

Number of Non-minority Partners: \_\_\_\_\_



Minority Owner(s)	Title	Ownership Percentage	Minority Class (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.*

**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 American Veteran (VN)

**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 / No
- a. Does stock have voting rights? Yes / 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 (Circle One)
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

**Part C: INFORMATION ABOUT THE BUSINESS**

Please check the box that most appropriately describes your business:

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





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: \_\_\_\_\_

