



**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE (MWBE)
ADDENDUM
SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM
VENDOR REGISTRATION APPLICATION**

Legal Business Name: _____

In order to qualify for Minority/Women Business (MWBE) status at least **51%** of the business **must be owned** by one of the groups identified below and must be certified with **MDOT**.

MDOT Certification: _____ Exp. Date: _____

Other recognized MWBE certifications:

Minority/Woman Ownership:

Total Number of Partners: _____

Minority Owner(s) Name		Title	Ownership Percentage	Minority Class Code*
<input type="checkbox"/> Minority				
<input type="checkbox"/> Women				
<input type="checkbox"/> Minority				
<input type="checkbox"/> Women				
<input type="checkbox"/> Minority				
<input type="checkbox"/> Women				
<input type="checkbox"/> Minority				
<input type="checkbox"/> Women				

***Minority Classification Codes** (Minority Classes Recognized by Charles County Government)

- African American (AA) Hispanic (HS)
- American Indian/Native American (NA) Women (WN)
- Asian (AN)

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

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____



FOR ECONOMIC DEVELOPMENT DEPARTMENT USE ONLY

Application Received: _____ Acceptable Identification Provided: Yes No

Reviewed & Verified By: _____ Date: _____

Approved: _____ Date: _____

Chief of Business Development, Economic Development

MWBE Registration Number: _____