

CITY OF *Beachwood*

MINORITY & WOMEN'S BUSINESS ENTERPRISE CERTIFICATION APPLICATION

City of Beachwood, Finance Department, 25325 Fairmount Blvd., Beachwood, Ohio

Questions? Please call 216-292-1913.

PURPOSE

This application is used by the City of Beachwood's Purchasing Department to establish qualifications as a Minority or Women's Business Enterprise.

INSTRUCTIONS

Applications should be submitted electronically to Purchasing@beachwoodohio.com. All fields of the application must be completed and supporting documents submitted to be considered for approval. Incomplete applications will not be considered.

GENERAL INFORMATION

To become certified as a Minority Business Enterprise and/or Women's Business Enterprise, the following conditions shall apply:

- » The business is an independent and continuing operation for profit performing a commercially useful function.
- » The business is at least 51% owned by a minority and/or woman.
- » The business is managed and controlled by the individual seeking consideration.

DEFINITIONS

For the City of Beachwood's purposes, a Minority-Owned Business Enterprise is defined as an individual or group who owns a majority of a business, partnership, corporation, limited liability company, or joint venture of any kind, has U.S. citizenship, and is a member(s) of one or more of the following economically disadvantaged groups: African-American, Asian-American, Hispanic-American/Latino, and Native-American.

For the City of Beachwood's purposes, a Women-Owned Business Enterprise is defined as an individual or group who owns a majority of a business, partnership, corporation, limited liability company, or joint venture of any kind, has U.S. citizenship, and is female.

Proceed to the application and affidavit on pages 2 and 3.

The City of Beachwood thanks you for your interest!

MINORITY & WOMEN'S BUSINESS ENTERPRISE CERTIFICATION APPLICATION

COMPANY NAME: _____ W-9 ATTACHED: Yes No

DBA NAME: _____ INSURED: Yes No

TYPE OF BUSINESS: _____

GOODS/SERVICES PROVIDED: _____

OWNER NAME: _____ U.S. CITIZEN: Yes No

COMPANY ADDRESS: _____

WEBSITE: _____ PHONE #: _____

FEDERAL I.D or SSN: _____ NUMBER OF EMPLOYEES: _____

FEDERAL TAX CLASSIFICATION: _____

MINORITY BUSINESS ENTERPRISE: Yes No PERCENTAGE OF OWNERSHIP: _____

ETHNICITY: _____

WOMEN'S BUSINESS ENTERPRISE: Yes No PERCENTAGE OF OWNERSHIP: _____

CERTIFICATION LETTER ATTACHED: Yes No

CONTACT NAME: _____ JOB TITLE: _____

EMAIL ADDRESS: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

Please be advised if there are changes in structure such as ownership and/or control of this company, you are required to notify this office and submit a new application along with the necessary paperwork.

