



# Certification Application

<b>INTERNAL USE ONLY</b>
<input type="checkbox"/> APP LOG <input type="checkbox"/> DATABASE <input type="checkbox"/> COMPLETED _____
<b>MISSING DOCS</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>SBE CERT No.</b>

Please do not leave any blanks. All applications must be completed and returned with the required documentation in order to be processed. Applications that are not complete will be returned.

<b>Legal Name of Business:</b>			<b>Name of Parent Company:</b>		
<b>Business Physical Street Address:</b>			<b>Mailing Address (if different):</b>		
<b>Business Phone:</b> (     ) _____ - _____			<b>Cell Phone:</b> (     ) _____ - _____		
<b>Email Address:</b>					
<input type="checkbox"/> Check this box if you would like to receive information about upcoming procurement opportunities and workshops					
<b>Business Web Site:</b> www. _____					
<b>Name:</b>	<b>Title:</b>	<b>Gender:</b>	<b>*Race:</b>	<b>Percentage Owned:</b>	*Race Codes: B- Black W- White H- Hispanic NA- Native American SA- Subcont Asian AP- Asian – Pacific Is
		Male Female		%	
		Male Female		%	
		Male Female		%	
		Male Female		%	
<b>Date Business Established:</b>		<b>No. of Employees:</b>			
		Full-time _____ Part-time _____			
<b>Legal Form of Enterprise:</b>			<b>Federal Identification No.</b> _____ - _____		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other (state) _____			(OR)		
			<b>Owner's Social Security No.</b> _____ - _____ - _____		
<b>State primary goods/services of this firm:</b> (description should match NAICS codes listed below)					
<b>NAICS Codes (see <a href="http://www.naics.com">www.naics.com</a> for help)</b>					
One for each of your primary goods/services (up to 5):					

## Qualifications:

- For-profit business whose annual gross sales receipts do not exceed \$7.5 million (as averaged over previous three years)
- Under day-to-day on-site management and control of the principal owner(s)
- In operation and actively earning for at least one year prior to application

## Attach Documentation:

(all documentation must be attached in order for application to be processed)

- Copy of signed federal tax return for previous three years
- Copy of driver's license for principal owner(s)
- Copy of any current business license, and any professional licenses/certifications required for the operation of the business

## Signatures:

**By my signature below, I certify that the information I have supplied on this form and the attached documentation is true and correct.**

Signature of Owner(s) or Principal(s)

Title

Date

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Charleston County Procurement  
4045 Bridge View Drive, Suite B250  
North Charleston, SC 29405  
Phone: (843) 958-4750  
Fax: (843) 958-4758

\*Please return your application/documents to Susan Hogan:  
[sbeprogram@charlestoncounty.org](mailto:sbeprogram@charlestoncounty.org)