



# CERTIFICATION APPLICATION

A RACE AND GENDER NEUTRAL PROGRAM  
Established by Charleston County Council  
Ordinance on September 4, 2007

**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 Street Address:</b>		<b>Mailing Address (if different):</b>			
<b>Business Phone:</b>		<b>Cell Phone:</b>			
<b>Email Address:</b> (please note that the email listed will receive information about upcoming procurement opportunities, workshops and renewals)					
<b>Business Web Site:</b>					
<b>Principal Owner(s):</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
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Legal Form of Enterprise:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other (state) _____					
<b>State primary goods/services of this firm:</b>					
<b>Date Business Established:</b>		<b>No. of Employees:</b> Full-time: _____ Part-time: _____		<b>Federal Identification No.:</b>	
<b>NAICS Codes (Maximum 5 Codes):</b> see <a href="http://www.naics.com">www.naics.com</a> for help in determining your NAICS code(s)  _____					

INTERNAL USE ONLY	
Missing Docs <input type="checkbox"/>	<input type="checkbox"/> Verified Co. Taxes/Fees
<input type="checkbox"/>	<input type="checkbox"/> Database
<input type="checkbox"/>	<input type="checkbox"/> Completed
SBE Cert No.	

## SBE Program Qualifications:

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

## Attach Documentation:

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

- Copy of federal tax schedule showing annual gross sales receipts for the past three years (if in business for three or more years)
- Copy of driver's license of principal owner(s)
- Copy of current business license, and any professional licenses/certifications required for the operation of the business

## Signatures:

**By my signature below, I certify that this business meets the stated qualifications for certification that the information I have supplied on this form and the attached documentation is true and correct, that the tax information provided with this application was filed appropriately and in a timely manner with the IRS, on behalf of the certifying firm.**

Signature of Owner(s) or Principal(s)

Title

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ **SIGN**  
✓ **ATTACH**  
✓ **RETURN**

### Office of Business Opportunities

SBE Program

Charleston County Procurement  
4050 Bridge View Drive, Suite 500  
North Charleston, SC 29405  
Phone: 843.958.4753

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