



# MBE RE-CERTIFICATION APPLICATION

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL



FORTUNE 500 COMPANIES, HOSPITALS, UNIVERSITIES, GOVERNMENT AGENCIES AND SAVVY BUYERS FROM ALL BUSINESSES LARGE AND SMALL ARE INCREASINGLY COMPELLED TO **#BUYDIVERSE**. THEY SEEK QUALIFIED, CERTIFIED MINORITY-OWNED BUSINESSES FROM WHICH TO SOURCE PRODUCTS AND SERVICES TO DIVERSIFY THEIR SUPPLY CHAINS, ENHANCE THEIR OFFERINGS, AND IMPROVE THEIR BOTTOM LINES.

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL (NMSDC) **MINORITY BUSINESS ENTERPRISE (MBE) CERTIFICATION** IS WIDELY ACCEPTED AS THE GOLD STANDARD BY INSTITUTIONAL BUYERS ACROSS THE NATION. OUR MBEs REPRESENT ALL MAJOR INDUSTRIES WITH ANNUAL REVENUES RANGING FROM UNDER \$1 MILLION TO OVER \$5 BILLION. UNLIKE MANY GOVERNMENT CERTIFICATIONS, OURS HAS NO SIZE LIMITATIONS OR PERSONAL NET WORTH CAPS. ChicagoMSDC ALSO ENJOYS RECIPROCAL AGREEMENTS WITH METRA, CITY OF CHICAGO, COOK COUNTY AND THE STATE OF ILLINOIS - CMS.

NMSDC CERTIFIED MBEs ARE ENTERED INTO OUR **NATIONAL DATABASE** USED BY OUR CORPORATE MEMBERS TO SEARCH FOR CERTIFIED VENDORS. OUR CERTIFIED MBEs ALSO ENJOY DISCOUNTS TO OUR EVENTS INCLUDING FREE ADMISSION TO YOUR FIRST **CHICAGO BUSINESS OPPORTUNITY FAIR**. NMSDC CERTIFIED MBEs ARE ELIGIBLE TO PARTICIPATE IN OUR **ONE-ON-ONE MATCHMAKING SERVICES** AND HAVE FULL ACCESS TO OUR TEAM OF EXPERT BUSINESS AND PROCUREMENT CONSULTANTS. GAIN THE **COMPETITIVE ADVANTAGE** AND APPLY TODAY...

**APPLYING ON-LINE IS THE FASTEST AND EASIEST WAY TO GET RE-CERTIFIED. IF YOU PREFER TO USE THIS FORM TO APPLY, PLEASE RESPOND TO ALL QUESTIONS. PLEASE NOTE THAT INCOMPLETE APPLICATIONS ARE SUBJECT TO SIGNIFICANTLY LONGER PROCESSING TIMES.**

FEE	ANNUAL GROSS SALES
\$300	< \$1 MILLION
\$675	\$1 MILLION - \$10 MILLION
\$750	\$10 MILLION - \$50 MILLION
\$950	> \$50 MILLION

RE-CERTIFICATION PROCESSING TAKES 3-4 WEEKS.

**IN A RUSH?  
EXPEDITE YOUR APPLICATION FOR \$500**

RUSH RE-CERTIFICATION PROCESSING WITHIN 1 WEEK

**CERTIFICATION** INQUIRIES:

**GLORIA BLAKE**

CERTIFICATION SPECIALIST

312.755.2560

GBLAKE@CHICAGOMSDC.ORG

**RE-CERTIFICATION** INQUIRIES:

**GINA PEREZ**

CERTIFICATION SPECIALIST

312.755.2551

GPerez@CHICAGOMSDC.ORG



# MBE RE-CERTIFICATION APPLICATION



### APPLICATION DATE

TODAY'S DATE

### 1-1 APPLICANT INFORMATION

FIRM'S LEGAL NAME

DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (9 DIGIT FEIN)

OFFICE TELEPHONE

FAX NUMBER

WEBSITE

### 1-2 ADDRESS INFORMATION PHYSICAL ADDRESS | NO P.O. BOXES

STREET #1

STREET #2

CITY

STATE

ZIP

### MAILING ADDRESS

STREET #1

STREET #2

CITY

STATE

ZIP

### 1-3 PRIMARY OWNER'S CONTACT INFO. PRIMARY OWNER'S INFORMATION

FIRST NAME

LAST NAME

TITLE

PHONE NUMBER

MOBILE NUMBER

FAX

e-MAIL

ALTERNATIVE KEY CONTACT'S e-MAIL

### SECONDARY CONTACT'S INFORMATION

FIRST NAME

LAST NAME

TITLE

PHONE NUMBER

MOBILE NUMBER

FAX

e-MAIL

ALTERNATIVE KEY CONTACT'S e-MAIL

### 1-4 BUSINESS INFORMATION

#### GEOGRAPHIC MARKET:

- LOCAL
- REGIONAL
- NATIONAL
- INTERNATIONAL

#### HAS YOUR FIRM EVER APPLIED FOR CERTIFICATION BEFORE?

- YES
- NO

**1-4 BUSINESS INFORMATION CONTINUED**

IF YES...

APPLIED BY \_\_\_\_\_

DATE \_\_\_\_\_

EXPLANATION:

**1-5 MINORITY CERTIFICATE INFORMATION**

**PLEASE SELECT THE CERTIFICATIONS YOU HAVE. SELECT ALL THAT APPLY.**

- SBA-8(a) - MINORITY & WOMEN OWNED BUSINESS CERTIFICATION FOR SMALL DISADVANTAGED BUSINESS
- STATE - EDGE - GLOBAL BUSINESS CERTIFICATION FOR GENDER EQUALITY
- HUB - WOMEN &/OR MINORITY OWNED BUSINESSES IN NC OR TX
- NBFA - NATIONAL BLACK FARMERS ASSOCIATION
- NLFRTA - NATIONAL LATINO FARMERS & RANCHERS TRADE ASSOCIATION
- AFA - ASIAN FARMERS ASSOCIATION
- TNAFA - TRADITIONAL NATIVE AMERICAN FARMERS ASSOCIATION
- NAMWOLF - THE NATIONAL ASSOCIATION OF MINORITY & WOMEN OWNED LAW FIRMS
- WBENC - WOMEN'S BUSINESS ENTERPRISE COUNCIL - WOMEN OWNED & OPERATED BUSINESS CERTIFICATION
- STATE - SWaM - SMALL, WOMEN-OWNED AND MINORITY OWNED BUSINESSES IN VA
- NGLCC - NATIONAL GAY & LESBIAN CHAMBER OF COMMERCE
- ABILITY ONE - FEDERAL PROGRAM - THE LARGEST SOURCE OF EMPLOYMENT FOR PEOPLE WITH DISABILITIES
- USBLN - DISABILITY SUPPLIER DIVERSITY PROGRAM
- DVBE - DISABLED VETERAN BUSINESSES
- NAVOBA - VBE - NATIONAL VETERANS OWNED BUSINESS ASSOCIATION - VETERAN BUSINESS ENTERPRISE
- NAVOBA - SDVBE - SERVICE DISABLED VETERAN BUSINESS ENTERPRISE
- SDVOB - SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISE
- GFSI - GLOBAL FOOD SAFETY INITIATIVE
- ISO 9000/9001 - ORGANIZATION FOR STANDARDIZATION
- ICBA - INDEPENDENT COMMUNITY OF BANKERS OF AMERICA
- FAA - FEDERAL AVIATION ADMINISTRATION
- NAMC - NATIONAL ASSOCIATION OF MINORITY CONTRACTORS
- DOT - DEPARTMENT OF TRANSPORTATION
- NONE OF THE ABOVE

**1-6 ANNUAL SALES**

PLEASE ENTER ANNUAL SALES FOR THE LAST 3 YEARS. (IF IN BUSINESS LESS THAN ONE YEAR, PROVIDE GROSS RECEIPTS TO DATE, ENTER "0" FOR YEARS NOT IN BUSINESS.)

2016 ANNUAL SALES \_\_\_\_\_

2015 ANNUAL SALES \_\_\_\_\_

2014 ANNUAL SALES \_\_\_\_\_

**1-7 COMPANY SIZE**

# OF FULL TIME EMPLOYEES \_\_\_\_\_

# OF FULL TIME MINORITY EMPLOYEES \_\_\_\_\_

# OF PART TIME EMPLOYEES \_\_\_\_\_

# OF PART TIME MINORITY EMPLOYEES \_\_\_\_\_

# OF CONTRACT (1099) EMPLOYEES \_\_\_\_\_

# OF CONTRACT (1099) MINORITY EMPLOYEES \_\_\_\_\_

DUN & BRADSTREET NUMBER \_\_\_\_\_

**2-1 BUSINESS STRUCTURE & ACQUISITION**

- CORPORATION
- LIMITED LIABILITY CORPORATION OR COMPANY
- LIMITED LIABILITY PARTNERSHIP
- GENERAL PARTNERSHIP
- SOLE PROPRIETORSHIP

DATE WHEN BUSINESS WAS STARTED, ACQUIRED, PURCHASED, OR SECURED. \_\_\_\_\_

**ACQUISITION TYPE**

- BOUGHT EXISTING BUSINESS
- STARTED BUSINESS
- MERGER OR CONSOLIDATION
- SECURED A FRANCHISE
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

BASED ON THE LEGAL ENTITY YOU HAVE SELECTED, PLEASE ENSURE TO ATTACH THE APPROPRIATE TAX FORMS INCLUDING ALL SCHEDULES FOR THE LAST 2 YEARS. NOTE: IF THE PREVIOUS YEARS FEDERAL INCOME TAX RETURNS (INCLUDING ALL SCHEDULES) ARE NOT FILED AT THE TIME OF YOUR APPLICATION SUBMISSION, A CERTIFIED COPY OF YOUR FINANCIAL STATEMENTS (BALANCE SHEET, PROFIT & LOSS, AND INCOME STATEMENT) FOR THE PREVIOUS TAX YEAR MUST BE SUBMITTED AND AN EXECUTED FEDERAL FILING EXTENSION FORM.

**BUSINESS STRUCTURE**

**TAX FORMS**

INDIVIDUAL (SOLE PROPRIETORSHIP)

FORM 1040

PARTNERSHIP

FORM 1065F

C CORPORATION

FORM 1120 OR FORM 1120A

S CORPORATION

FORM

PARTNERSHIP LLC

PARTNERSHIP LLC

CORPORATION LLC

CORPORATION LLC

**2.2 OWNERSHIP INFORMATION**

PLEASE LIST **ALL** OWNERS, PROPRIETORS, PARTNERS, OFFICERS, MEMBERS, DIRECTORS, STOCKHOLDERS, AND MANAGERS. THE NAMES LISTED SHOULD INCLUDE MINORITY GROUP MEMBERS AND NON-MINORITY GROUP MEMBERS.

#1				
NAME		TITLE		
ETHNIC ORIGIN			GENDER	
CITIZENSHIP	YEARS OF OWNERSHIP	ROLE	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE
#2				
NAME		TITLE		
ETHNIC ORIGIN			GENDER	
CITIZENSHIP	YEARS OF OWNERSHIP	ROLE	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE
#3				
NAME		TITLE		
ETHNIC ORIGIN			GENDER	
CITIZENSHIP	YEARS OF OWNERSHIP	ROLE	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE
#4				
NAME		TITLE		
ETHNIC ORIGIN			GENDER	
CITIZENSHIP	YEARS OF OWNERSHIP	ROLE	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE
#5				
NAME		TITLE		
ETHNIC ORIGIN			GENDER	
CITIZENSHIP	YEARS OF OWNERSHIP	ROLE	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE

**OWNERSHIP ROLE DESCRIPTIONS**

- CD = CORPORATE DIRECTOR
- CO = CORPORATE OFFICER
- CS = CORPORATE STOCK OR SHAREHOLDER
- MA = LLC MANAGER (AGENT/EMPLOYEE)
- ME = LLC/LLP MEMBER & UNIT HOLDER
- PART = GENERAL PARTNER OR PARTNERS
- SPROP = SOLE PROPRIETOR

**ETHNIC ORIGIN**

- ASIAN/PACIFIC AMERICAN
- ASIAN/INDIAN AMERICAN
- BLACK AMERICAN
- HISPANIC AMERICAN
- NATIVE AMERICAN
- WHITE AMERICAN

**CITIZENSHIP**

- BY BIRTH
- NATURALIZED CITIZEN

**OWNERSHIP & VOTING**

OWNERSHIP & VOTING PERCENTAGES MUST **EACH** TOTAL 99, 99.1 OR 100.

**2.3 APPLICANT INFORMATION**

**ARE BUSINESS PREMISES:**

- HOME-BASED
- LEASED
- OWNED

**WHAT STATE IS THE APPLICANT A LEGAL RESIDENT?**

\_\_\_\_\_

**LIST THE SITE ADDRESS(ES) WHERE APPLICANT'S ASSETS ARE LOCATED:**

#1	
ASSET SITE ADDRESS	
CITY, STATE, ZIP	
#2	
ASSET SITE ADDRESS	
CITY, STATE, ZIP	
LOCATION OF ADDITIONAL FACILITIES:	
#1	
ASSET SITE ADDRESS	
CITY, STATE, ZIP	
#2	
ASSET SITE ADDRESS	
CITY, STATE, ZIP	

**2.4 MANAGING EMPLOYEES**

PLEASE LIST ALL OFFICERS, MEMBERS OR KEY EMPLOYEES RESPONSIBLE FOR MANAGING EMPLOYEES (e.g.: DAY-TO-DAY MANAGEMENT).

#1

NAME

TITLE

ETHNIC ORIGIN

#2

NAME

TITLE

ETHNIC ORIGIN

#3

NAME

TITLE

ETHNIC ORIGIN

#4

NAME

TITLE

ETHNIC ORIGIN

**2.5 OWNER CONTRIBUTIONS**

LIST CONTRIBUTIONS FROM EACH OF THE OWNERS. FOR EQUIPMENT VALUE, ENTER THE VALUE OF THE EQUIPMENT CONTRIBUTED. FOR REAL ESTATE VALUE, ENTER THE VALUE OF THE REAL ESTATE USED FOR BUSINESS.

#1

NAME

INITIAL CAPITAL CONTRIBUTION

EQUIPMENT VALUE

REAL ESTATE VALUE

EXPERTISE (YEARS)

#2

NAME

INITIAL CAPITAL CONTRIBUTION

EQUIPMENT VALUE

REAL ESTATE VALUE

EXPERTISE (YEARS)

#3

NAME

INITIAL CAPITAL CONTRIBUTION

EQUIPMENT VALUE

REAL ESTATE VALUE

EXPERTISE (YEARS)

IF A PROFESSIONAL LICENSE OR PERMIT IS REQUIRED TO PROVIDE THE PRODUCT OR SERVICE, GIVE INFORMATION AS FOLLOWS [THE LICENSE OR PERMIT SHALL BE OWNED BY THE ETHNIC-MINORITY APPLICANT]:

#1

LICENSE HOLDER

LICENSE/PERMIT TYPE

LICENSE NUMBER

#2

LICENSE HOLDER

LICENSE/PERMIT TYPE

LICENSE NUMBER

DOES YOUR COMPANY SHARE ANY RESOURCES WITH ANY OTHER FIRM OR INDIVIDUAL (OFFICE FACILITIES, STORAGE SPACE, EQUIPMENT, PERSONNEL, INVENTORY, FINANCING, ETC.)?

- YES IF YES, PLEASE IDENTIFY AND EXPLAIN FULLY:
- NO

IS THE SP, MEMBER/MANAGER, OFFICER/DIRECTOR, PARTNER OR EMPLOYEE OF THE APPLICANT FIRM ASSOCIATED WITH ANY OTHER BUSINESS THAT WILL BENEFIT FROM THIS CERTIFICATION?

- YES IF YES, EXPLAIN FULLY AND IDENTIFY THE BUSINESS OR PERSON WITH WHOM YOU HAVE AN AGREEMENT AND EXPLAIN ANY ORAL OR INTENDED AGREEMENT:
- NO

**2.5 OWNER CONTRIBUTIONS CONTINUED**

IDENTIFY THOSE INDIVIDUALS [PRINCIPALS (P); NON-PRINCIPALS (NP); AND KEY EMPLOYEES/AGENTS (KE)] WHO ARE RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS AND POLICY DECISION-MAKING, INCLUDING THOSE WITH PRIME RESPONSIBILITIES FOR:

**FINANCIAL DECISIONS**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**SIGNATORY ON MAJOR DOCUMENTS**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**PERSONNEL MANAGEMENT**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**MARKETING/SALES**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**PAYROLL**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**ESTIMATING**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**PURCHASING OF MAJOR ITEMS**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**SUPERVISION OF FIELD OPERATIONS**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**WHO DETERMINES WHAT JOB/PROJECTS ENTERPRISE WILL UNDERTAKE?**

NAME	TITLE	ETHNIC ORIGIN
------	-------	---------------

**2.6 PARENT/SUBSIDIARY**

DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES OR IS THE APPLICANT A SUBSIDIARY OF ANOTHER FIRM?

- YES IF YES, PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE SUBSIDIARY, AFFILIATE, OR PARENT COMPANY. ALSO DESCRIBE THE RELATIONSHIP OF THE APPLICANT TO THE SUBSIDIARY.
- NO

NAME		
ADDRESS		
TELEPHONE	RELATIONSHIP	FEIN

**2.6 PARENT/SUBSIDIARY CONTINUED**

HAS YOUR FIRM, ITS PARENT COMPANY OR SUBSIDIARY BEEN DENIED CERTIFICATION BY ANY CERTIFYING ENTITY (e.g.: MUNICIPALITY OR ORGANIZATION)?

- YES IF YES, PROVIDE THE NAME OF THE AGENCY OR ORGANIZATION AND THE DATE OF DENIAL
- NO

NAME OF AGENCY/ORGANIZATION	DATE
-----------------------------	------

IS THE FIRM, PARENT, BRANCH/SUBSIDIARY CURRENTLY CERTIFIED BY OTHER NMSDC AFFILIATE COUNCILS?

- YES IF YES, PROVIDE THE NAME OF THE COUNCIL AND DATE OF CERTIFICATION.
- NO

NAME OF COUNCIL	DATE
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IS THE COMPANY BONDED?

- YES IF YES, PLEASE LIST THE COMPANY NAME AND THE DOLLAR AMOUNT OF EACH BONDING OR SECURITY COMPANY.
- NO

#1

COMPANY NAME	AMOUNT
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#2

COMPANY NAME	AMOUNT
--------------	--------

IS THE APPLICANT BUSINESS AND/OR OWNER CONCERN INVOLVED IN ANY PRESENT OR PENDING LAWSUIT?

- YES IF YES, PLEASE PROVIDE YOUR EXPLANATION BELOW:
- NO

DOES APPLICANT BUSINESS CONCERN OR ANY PERSON, LISTED UNDER OWNERSHIP, HAVE OR INTEND TO ENTER INTO ANY TYPE OF AGREEMENT WITH ANY OTHER CONCERN OR PERSON WHICH RELATES TO OR AFFECTS THE ON-GOING ADMINISTRATION, MANAGEMENT OR OPERATIONS OF THE APPLICANT CONCERN? SUCH AGREEMENTS INCLUDE BUT ARE NOT LIMITED TO MANAGEMENT AND JOINT VENTURE AGREEMENTS AND ANY ARRANGEMENT OR CONTRACT INVOLVING THE PROVISION OF SUCH COMPENSATED SERVICES AS ADMINISTRATIVE SERVICE, MARKETING, PRODUCTION AND OTHER TYPE OF COMPENSATED SERVICES.

- YES IF YES, PLEASE PROVIDE YOUR EXPLANATION BELOW:
- NO

**3.1 NAICS CODES**

LOOK UP NAICS CODES AT: [WWW.NAICS.COM/SEARCH](http://WWW.NAICS.COM/SEARCH)

LIST UP TO 10 CODES

_____ NAICS CODE #1	_____ NAICS CODE #2
_____ NAICS CODE #3	_____ NAICS CODE #4
_____ NAICS CODE #5	_____ NAICS CODE #6
_____ NAICS CODE #7	_____ NAICS CODE #8
_____ NAICS CODE #9	_____ NAICS CODE #10

**3.2 BUSINESS DESCRIPTION & TYPE**

IN THE SPACE BELOW, PLEASE GIVE A "CONCISE" DESCRIPTION OF COMPANY'S PRODUCT(S) OR SERVICE(S). THE DESCRIPTION (S) SHOULD FIT WITH APPLICANT'S ANSWER(S) ABOUT NAICS CODE(S) AND CORRESPOND WITH THE RESOURCES (ASSETS) ON THE BALANCE SHEET. TO FUNCTION IN MOST CORPORATE-MEMBER SUPPLY CHAINS IN THE CURRENT ECONOMIC ENVIRONMENT, BUYERS EXPECT SUPPLIERS TO BE AN EXPERT OR PROFICIENT IN SPECIFIC SKILLS. BUYERS ARE NOT LOOKING FOR A 'JACK-OF-ALL-TRADES'. NOTE: DO NOT REFERENCE BROCHURES, FLYERS OR OTHER ATTACHMENTS - YOUR TEXT HAS TO FIT THE SPACE BELOW.

**TYPE OF BUSINESS:**

- BROKER/AGENTS
- CONSTRUCTION CONTRACTOR
- CONSULTANT/PROFESSIONALS
- DISTRIBUTOR
- MANUFACTURER
- MANUFACTURER REP
- SERVICE CONTRACTOR

**3.3 SPECIAL BUSINESS INSTRUCTIONS**

IF SOLE PROPRIETOR OR FIRM IS A **DISTRIBUTOR** - AND THE APPLICANT SHALL HAVE WAREHOUSE ASSETS ON THE BALANCE SHEET - THEN PLEASE PROVIDE THE AVERAGE DOLLAR VALUE OF INVENTORY IN THE APPLICANT'S WAREHOUSE.

\_\_\_\_\_  
AVERAGE DOLLAR VALUE OF INVENTORY IN WAREHOUSE

**3.4 BASIC EQUIPMENT**

IF SOLE PROPRIETOR OR FIRM IS A **MANUFACTURER** - AND THE APPLICANT SHALL HAVE PLANT AND EQUIPMENT ASSETS ON THE BALANCE SHEET - THEN PLEASE LIST BASIC EQUIPMENT AND INDICATE WHETHER EQUIPMENT IS LEASED (ON P&L) OR OWNED (ON BALANCE SHEET).

#1	
_____ BASIC EQUIPMENT	_____ LEASED/OWNED
#2	
_____ BASIC EQUIPMENT	_____ LEASED/OWNED
#3	
_____ BASIC EQUIPMENT	_____ LEASED/OWNED

**3.5 BUILDING TRADE CONTRACTORS ONLY- COMPLETE 3.5, 3.8 & 3.9**

_____ LICENSE #	_____ UNION AFFILIATION
_____ LICENSE CERTIFICATION	_____ MOST RECENT PROJECT NAME
_____ TRADE SPECIALTY	_____ START DATE
_____ UNION NAME/LOCAL	_____ FINISH DATE
_____ GEOGRAPHICAL AREA	_____ DOLLAR VALUE

**3.6 BROKER/AGENTS ONLY**

FOR DISTRIBUTORS OR BROKERS, PLEASE PROVIDE A LIST OF VENDORS AND SUPPLIERS.

#1	
_____ NAME	_____ SPECIALTY
#2	
_____ NAME	_____ SPECIALTY

**3.7 MANUFACTURERS**

IF SOLE PROPRIETOR OR FIRM IS A **MANUFACTURER'S REPRESENTATIVE**, PROVIDE A LIST OF MANUFACTURERS.

#1	
_____ NAME	_____ SPECIALTY
#2	
_____ NAME	_____ SPECIALTY



### 3.8 SUBCONTRACTORS

IF SOLE PROPRIETOR OR FIRM IS A **GENERAL CONTRACTOR**, PROVIDE A LIST OF SUB-CONTRACTORS AND SPECIALTY.

#1

NAME SPECIALTY

#2

NAME SPECIALTY

### 3.9 GENERAL CONTRACTORS

IF SOLE PROPRIETOR OR FIRM IS A **SUB-CONTRACTOR**, PROVIDE A LIST OF GENERAL CONTRACTORS YOU HAVE WORKED WITH OVER THE LAST 36 MONTHS.

#1

NAME SPECIALTY

#2

NAME SPECIALTY

### 3.10 TRANSPORTATION INFORMATION

IS THE SOLE PROPRIETOR OR FIRM IN THE TRANSPORTATION OR LOGISTICS SECTOR?

- YES IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION BELOW..  
 NO

TRANSPORTATION INFORMATION: OPERATING STATUS

- INDEPENDENT CARRIER  
 INSURANCE CARRIER

COMMON CARRIER OPERATING AUTHORITIES:

- INTERSTATE  
 INTRASTATE

LIST THE COMMODITIES YOU NORMALLY TRANSPORT:

COMMERCIAL/BUSINESS VEHICLE(S): [PLEASE FORWARD COPIES OF ALL APPLICABLE VEHICLE TITLE AND/OR LEASE AGREEMENTS WITH THIS APPLICATION.]

#1

VEHICLES/EQUIPMENT OWNED/LEASED

QUANTITY REGISTRATION NUMBER

#2

VEHICLES/EQUIPMENT OWNED/LEASED

QUANTITY REGISTRATION NUMBER

#3

VEHICLES/EQUIPMENT OWNED/LEASED

QUANTITY REGISTRATION NUMBER

#4

VEHICLES/EQUIPMENT OWNED/LEASED

QUANTITY REGISTRATION NUMBER

#5

VEHICLES/EQUIPMENT OWNED/LEASED

QUANTITY REGISTRATION NUMBER

### 4.1 PRIMARY CUSTOMER INDUSTRIES

PLEASE SELECT **AT LEAST ONE AND UP TO THREE** INDUSTRIES IN WHICH YOUR CUSTOMERS FALL.

- ADVERTISING, ENTERTAINMENT, MEDIA AND SPORTS
- AUTOMOTIVE
- CONSUMER PRODUCTS
- FINANCIAL SERVICES
- FOOD & BEVERAGE
- HEALTHCARE
- MANUFACTURING SUPPLIERS
- PETROCHEMICAL AND ENERGY
- PROFESSIONAL SERVICES
- RETAIL AND APPAREL
- TECHNOLOGY
- TRANSPORTATION
- UTILITIES

#### 4.2 CUSTOMER REFERENCES

PROVIDE THREE (3) CURRENT CUSTOMER REFERENCES:

#1

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

BUYER

PHONE

PRODUCT/SERVICE

DOLLAR VOLUME (\$)

#2

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

BUYER

PHONE

PRODUCT/SERVICE

DOLLAR VOLUME (\$)

#3

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

BUYER

PHONE

PRODUCT/SERVICE

DOLLAR VOLUME (\$)

#### 4.3 BANK REFERENCES

PROVIDE TWO CURRENT BANK REFERENCES:

#1

NAME OF INSTITUTION

BUYER

PHONE

ADDRESS

CITY | STATE | ZIP

PRODUCT/SERVICE

DOLLAR VOLUME (\$)

#2

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

BUYER

PHONE

PRODUCT/SERVICE

DOLLAR VOLUME (\$)

#### 5.0 SURVEY

HOW DID YOU HEAR ABOUT THE CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL?

- ChicagoMSDC MBE
- EVENT OR PRESENTATION
- CORPORATE MEMBER
- NEWSPAPER | RADIO | TELEVISION
- OTHER PLEASE SPECIFY:

## ATTACHMENTS

THE FOLLOWING DOCUMENTATION IS REQUIRED TO COMPLETE YOUR APPLICATION. INCOMPLETE APPLICATIONS ARE SUBJECT TO SIGNIFICANTLY LONGER PROCESSING TIMES.

- MOST RECENT YEAR'S BUSINESS TAX RETURNS (ACCEPTABLE BUSINESS TAX FORMS: FORM 1040, FORM 1065, FORM 1065F, FORM 1120, FORM 1120A OR FORM 1120)
- SIGNED & NOTARIZED DECLARATION OF CERTIFICATION OF MINORITY STATUS. (SEE FORM ON PAGE 9.)

# DECLARATION OF CERTIFICATION OF MINORITY STATUS

I (We) have completed and submitted the Minority Business Information System (MBISYS) form as requested by the Chicago Minority Supplier Development Council and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the Chicago Minority Supplier Development Council.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification by the Chicago Minority Supplier Development Council will be according to the guidelines, rules and regulations of the Chicago Minority Supplier Development Council and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL and may be amended from time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority business concern.
2. Discovery that any false information was knowingly supplied to the Chicago Minority Supplier Development Council in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the Chicago Minority Supplier Development Council of the transfer or loss of ownership and/or management and control of the business concern by its minority group members.
4. Failure or refusal to allow the Chicago Minority Supplier Development Council and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the minority business concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

I (We) understand and agree that the Chicago Minority Supplier Development Council reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby agrees (agree) to hold Chicago Minority Supplier Development Council free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold Chicago Minority Supplier Development Council harmless for any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. I understand that the Application Fee is non-refundable.

BUSINESS NAME \_\_\_\_\_

**SIGNATURES OF ALL PROPRIETOR, PARTNERS, & PRESIDENT OF THE CORPORATION REQUIRED.**

_____	DATE _____	_____	DATE _____
_____	DATE _____	_____	DATE _____
_____	DATE _____	_____	DATE _____

On \_\_\_\_\_, 20\_\_\_\_, before me, (name) \_\_\_\_\_ the undersigned Notary Public, personally appeared (name) \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name (s) is/are subscribed to the within instrument, and acknowledged to me that he/she they executed in the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

**NOTE:** Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) of the Small Business Act for a definition of eligibility.



## RE-CERTIFICATION PAYMENT AUTHORIZATION FORM

\_\_\_\_\_  
TODAY'S DATE

### CREDIT CARD INFORMATION

- AMERICAN EXPRESS       DINERS CLUB/CARTE BLANCHE       DISCOVER  
 MASTER CARD       VISA

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
CONTACT

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
VERIFICATION CODE

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE *(ChicagoMSDC will not process payment without cardholder's signature)*

\_\_\_\_\_  
CARDHOLDER'S NAME (TYPED/PRINTED)

ENCLOSED, PLEASE FIND MY CHECK FOR \$\_\_\_\_\_ PAYABLE TO ChicagoMSDC.

RETURN TO:

ChicagoMSDC  
105 W. Adams Street  
Suite 2300  
Chicago, IL 60603  
Attn: Finance Department

FAX: 312-755-8892  
E-MAIL: [GPerez@ChicagoMSDC.ORG](mailto:GPerez@ChicagoMSDC.ORG)

*If you have any questions, please contact ChicagoMSDC at 312-755-8880.*