

**CITY OF TOLEDO**

**Minority Business Enterprise (MBE) Certification Application  
Women Business Enterprise (WBE) Certification Application**

**ALL APPLICATIONS ARE SUBJECT TO FINAL APPROVAL BY THE COMMISSIONER OF  
AFFIRMATIVE ACTION/CONTRACT COMPLIANCE**

**If, after filing this application, there is any change in structure such as ownership/control and/or management of this firm, you must notify this office and submit a new application for certification along with the required paperwork.**

**Please note: There is no formal appeal process for denied applications.**

**If you are a Corporation "Doing Business As" (DBA), please certify under the business name you file taxes under (Include all paperwork for that business name and the articles of Incorporation for the DBA(s')) and list your DBA name(s) as secondary. All DBA names should be listed. Otherwise each business will need to be certified separately.**

**To help guide you through the paperwork required I have indicated the requests and highlighted them in blue.**

**Owner Name \_\_\_\_\_ Contact Person Name \_\_\_\_\_**

**Company Name \_\_\_\_\_ (Business Name you file taxes under)**

**DBA Name(s) \_\_\_\_\_**

**Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell \_\_\_\_\_**

**E-mail Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
(Ex: Trucking, Engineer, Janitorial, etc.)**

**Specialty \_\_\_\_\_**

**List ALL other services/products you offer – Please be as specific as possible**

**Employer's Tax ID No. \_\_\_\_\_ No. Employees \_\_\_\_\_**

**Paperwork Request\* Please enclose all other certifications from other agencies (State, Councils, etc.) identifying you as an MBE or WBE. For businesses out-of-state you must include a current certificate from your home state identifying you as a MBE or WBE before you can be qualified for certification with The City of Toledo.**

**Type of Firm:**

**Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_**

**Paperwork Request\* If applicable submit copies of: partnership agreements (include assumed name), Articles of Incorporation, stock certificates (both sides), Shares ledger, shareholder's agreement, minutes of Shareholders/Board of Director meetings, By-laws (and Amendments), and proof of capital start-up.**

**If Corporation: Total # of shares *authorized*: \_\_\_\_\_ Total # of shares *issued*: \_\_\_\_\_**

If LLC or Partnership, Minority or Women interest must show proof of capital start-up to validate ownership:

Amount of Capital start-up \$ \_\_\_\_\_

**Paperwork Request\*** Proof: Copy of Cancelled Check \_\_\_\_\_ Other \_\_\_\_\_ (Include copies)

**Paperwork Request\*** Please attach current tax forms (copy of original signed by owner that was sent to IRS) and most current financial statements for review. These must be signed copies of originals.

**Paperwork Request\*** Please include your proof of insurance on your company (liability and equipment, etc.) and proof of Worker’s Compensation. Please send a copy of the Worker’s Compensation certificate with the expiration date and a copy of the paid insurance invoice that includes date of expiration.

Is company owned/controlled by a Minority Interest?  Yes  No  
 Is company owned/controlled by a Female Interest?  Yes  No

(Please note: Minority or female interest must manage/control/own at least 51% of the company to be considered for certification)

Date Company was established: \_\_\_\_\_  
 (You must be in business at least one year to be certified)

**Paperwork Request\*** Name and address of 51% MBE or WBE interest and proof of ethnic identification i.e. OFFICIAL DOCUMENTATION that states Ethnicity—it must state ethnicity (examples of some documents that may state ethnicity/race: birth certificate, U.S. passport, U.S. military records or tribal role numbers assigned by the Bureau of Indian Affairs), i.e., Black, Alaskan Native/ American Indian, Asian/Pacific Islander, and Hispanic/Latino. **Paperwork Request\*** Work résumés of all persons part of the 51% ownership must be attached as well as their proof of investment (stock certificates, etc.) in the business and proof of ethnic identification.

Name	Address	No. and Class of Shares	Ethnic Identification

1. Number of years you have actually done business (work you have claimed on taxes)? \_\_\_\_

**Paperwork Request\*** Identify Officers, Stockholders, Partners, Board members and/or Management personnel who are part of the firm and attach résumés, Stock certificates, etc.

Name	Title	No. and Class of Shares	Ethnic Identification	Date Appointed

2. State who has responsibility in the following areas (Please write in by owner do not attach a sheet):

Financial decisions:

Estimates:

Hiring and Firing:

Field operations:

Contract Signature Authority:

Office Management:

Marketing & Sales:

Purchasing of Equipment:

3. Who is the authorized signature for the company's savings and checking accounts?

**Paperwork Request\*** Copies of Bank signature cards in the name of the business must also be enclosed.

4. Do any of those people listed on page 2 perform a management or supervisory position for any other business(es)? If yes, please explain what type of business, what work or service those business(es) provide, who owns the business(es), and person's role and time spent (a percentage) at business(es):

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5. Do any of those people listed on page 2 own or work for businesses that have a business relationship with yours? If yes, then an explanation of the relationship is needed (For example: Do they supply your trucks, etc.):

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6. **Paperwork Request\*** Please attach copies of all current trade licenses.

7. Have you conducted business under another name?  Yes  No  
If yes, give name of company, address and dates and reason for name change:

Name	Article ID. No.	Street	City	Zip Code	Date
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Name	Article ID. No.	Street	City	Zip Code	Date
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8. In past 3 years, have you participated in a joint venture?  Yes  No  
 If yes, complete below (Attach a separate sheet if necessary).

<u>Name/Address of Company</u>	<u>Location Job Site</u>	<u>Date Started</u>	<u>Date Completed</u>	<u>Gross Dollar Total</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. List below all jobs for the past 3 years performed and completed by your Company. Include any work not yet completed (Attach separate sheet if necessary).

<u>Job Site and Location</u>	<u>Name and Address of Prime Contractor</u>	<u>Date Started</u>	<u>Date Comp.</u>	<u>Gross Dollar Amt.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. In the past 3 years, have you had any of your jobs rejected?  Yes  No  
 If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Give amount of single highest bond obtained in the past 3 years: \$ \_\_\_\_\_

12. In the past 3 years, have you been refused a bond?  Yes  No  
 If yes, give date and details.

\_\_\_\_\_

\_\_\_\_\_

13. Do you own your equipment?  Yes  No

If yes, give description and appraised value (Attach a separate sheet if necessary).

<u>Type</u>	<u>Year/Model</u>	<u>Trade Name</u>	<u>Appraised Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

14. Do you lease your equipment?  Yes  No

**Paperwork Requirement\*** If yes, complete Line 15 and attach copy of lease agreement.

15. From Whom      Model Year      Name & Address of Leaser      Date of Lease      Amount of Lease

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16. Name of bank (s) Company does business with:

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Name	Address	City	Zip
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Name	Address	City	Zip
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17. List 3 trade references (3 references of people you have done business with that can be called for a reference – residential or commercial):

Company Name      Contact Name & Title      Company Address (Include City & Zip Code)      Company Telephone

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18. Are there any judgment suits or claims pending against you?  Yes  No

19. Have any liens ever been filed against your company?  Yes  No

20. Has your company ever failed to complete a contract?  Yes  No

21. Are you acting as Surety or Bondsman for others?  Yes  No

22. Are you acting as endorser for others on their notes or accounts?  Yes  No

If you answered Yes to any of the above questions, please explain (Attach a separate sheet if necessary):

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**Signature Requirement\*** I fully understand that this information will be used to establish my qualifications as a Minority Business Enterprise or Women Business Enterprise with the City of Toledo. I am also aware that placement of my firm's name and address on the City of Toledo MBE or WBE Certification list indicates that my firm is qualified and available to competitively bid for City awarded contracts. All materials submitted to The City of Toledo, a public entity, for the purpose of MBE or WBE certification are public records pursuant to Ohio Revised Code, Section 149.23. Any financial statements or financial records submitted with a MBE or WBE certification application shall remain confidential to the extent permitted by law. If MBE or WBE application materials contain any information that the applicant considers to be confidential, proprietary, or trade secrets, the applicant should label the information clearly "Confidential Business Information" and provide a detailed explanation of why the applicant believes the information should be protected. Further, I understand that falsification of any information or failure to report any changes in ownership/control/management, location and/or business telephone numbers may result in immediate removal from the City of Toledo MBE or WBE list and termination of MBE or WBE status and may be punishable by law.

Signature of Owner: \_\_\_\_\_

Print name of Owner: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

After your file is complete and your application is approved by the Commissioner of Affirmative Action Contract Compliance, you will be officially certified and you will receive a certificate good for the year in which you certified. Every year thereafter (some time in January) you will be sent an affidavit renewal letter that you will sign and return if nothing has changed with your business(es). We will verify your company name and address and phone numbers, etc. You will only be required to submit further paperwork if we require it at that time.

Please note if any structure of your business has changed (ownership, name, etc.) you must recertify completely to be qualified.

Remember to retain copies of everything you send to us so that once you have been approved by us you can apply to the State of Ohio and other cities with ease, as you will have all your documents in order.

**We thank you for your interest in being certified with the City of Toledo!**

Revised: 7/25/07 vgo

STATE OF )  
 ) SS AFFIDAVIT  
COUNTY OF )

The undersigned swears that the foregoing statements are true and correct and has included all material information necessary to identify and explain the operations of \_\_\_\_\_ and  
(Name of Company)  
ownership thereof. Further, the undersigned attests that they are identifying aforementioned Company and subsequent 51% Owned/Controlled Interest as (**PLEASE CHECK ONLY ONE**):

**MINORITY BUSINESS ENTERPRISE \_\_\_\_\_ OR WOMEN BUSINESS ENTERPRISE \_\_\_\_\_**

Further, the undersigned agrees to provide the City of Toledo, Ohio complete and accurate information regarding changes if any, in the forgoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract(s) awarded and for initiating action under Federal and State laws concerning false statements as well as termination of certification status with The City of Toledo.

**(OWNER(S) SIGNATURE(S) REQUIRED)**

DATE _____	_____	_____	_____
	(Signature)	(Title)	(Print Name)
DATE _____	_____	_____	_____
	(Signature)	(Title)	(Print Name)
DATE _____	_____	_____	_____
	(Signature)	(Title)	(Print Name)

(Corporate Seal – where appropriate)

STATE OF )  
 ) SS  
COUNTY OF )

On \_\_\_\_\_, before me appeared  
(Date = Month, Day, Year)

\_\_\_\_\_, to me personally known, who, being duly sworn,  
(Name)

did execute the forgoing affidavit, and did state that they were properly authorized by

\_\_\_\_\_ to execute the affidavit and did so as their free  
(Name of Company)  
act and deed.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Commission expires)