



MINORITY BUSINESS ENTERPRISE OFFICE

900 EAST BROAD STREET • ROOM 301
 RICHMOND, VIRGINIA 23219-6131
 PHONE 804.646.5633 • FAX 804.646.0136
 www.richmondgov.com

EMERGING SMALL BUSINESS CERTIFICATION APPLICATION

Emerging Small Business means a business that has been certified by the division of Minority Business Enterprise of the Department of Economic Development for a period of up to seven years, has annual gross receipt of \$500,000 or less for each of its three fiscal years preceding application for such certification if engaged primarily in the construction business or of \$250,000 or less if engaged primarily in a non-construction business, has fewer than 10 full-time, permanent employees, is not a subsidiary of another business and does not belong to a group of businesses owned and controlled by the same individuals, has its principal place of business entirely within the boundaries of the City of Richmond Enterprise Zone, possesses a City license, and pays personal property, real estate, and business taxes to the City of Richmond.

CONTACT PERSON		COMPANY NAME	
TITLE		MAILING ADDRESS	
PHONE	FAX	CITY	ST ZIP
EMAIL		FED ID/SSN NO.	
		WEBSITE	

PRINCIPAL OWNER(S)	NAME (USE REVERSE IF NEEDED)	GENDER	AMERICAN RACE / ETHNICITY					
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER (SPECIFY)

FIRM TYPE } SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION IF CORP., STATE OF INC. ➔ OTHER (SPECIFY)

BUSINESS TYPE } BROKER MANUFACTURER SERVICE ESTABLISHMENT PROFESSIONAL SERVICES (DESCRIBE BELOW) OTHER (SPECIFY)
 CONSTRUCTION RESEARCH & DEVELOPMENT REGULAR DEALER NON-PROFESSIONAL SERVICES (DESCRIBE BELOW)

DESCRIPTION OF SERVICES

HAS YOUR COMPANY PREVIOUSLY BEEN DEBARRED FROM DOING BUSINESS WITH ANY GOVERNMENT ENTITY? IF YES, EXPLAIN.

GROSS RECEIPTS FOR PRIOR THREE FISCAL YEARS											
YEAR	GROSS RECEIPTS	PERMANENT FULL-TIME	EMPLOYEE PART-TIME	YEAR	GROSS RECEIPTS	PERMANENT FULL-TIME	EMPLOYEE PART-TIME	YEAR	GROSS RECEIPTS	PERMANENT FULL-TIME	EMPLOYEE PART-TIME

YEARS IN BUSINESS TOTAL	BUSINESS LICENSE JURISDICTION	POSSESS ALL STATE/CITY LICENSES TO LEGALLY CONDUCT BUSINESS IN VA	WORK FORCE SIZE
<input type="checkbox"/> UNDER CURRENT OWNERSHIP	<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	PERMANENT NON-PERMANENT
CONTRACTOR'S LICENSE	CURRENTLY INSURED	IF YES, TO WHAT AMOUNT	CURRENTLY BONDED
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF CERTIFICATION (EXAMPLE: MBE, DBE, WBE, ETC.)	IF NOT LISTED WITH A CERTIFYING AGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION: 1. COPY OF THE BUSINESS LICENSE. 2. RESUMES OF ALL THE OWNERS AND ESSENTIAL EMPLOYEES. 3. COPIES OF THE PROFESSIONAL LICENSES OF THE OWNER. 4. OVERVIEW OF PAST WORK PROJECTS, IF APPLICABLE.
CERTIFICATION SOURCE (EXAMPLE: VA DEPT. OF TRANSPORTATION, VA DEPT. OF MINORITY BUSINESS ENTERPRISE, US SMALL BUSINESS ADMINISTRATION)	

COMMODITY CLASSES LIST THOSE APPLICABLE. REFER TO LIST ON WEBSITE. (USE REVERSE IF NEEDED)					
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YOUR SIGNATURE INDICATES THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE	TITLE	DATE
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