

**CITY OF CANTON
MBE/WBE APPLICATION**

Instructions and General Information
Revised 10/22/08

CERTIFICATION MUST BE RENEWED ANNUALLY.

CERTIFICATION BY THE CITY OF CANTON DOES NOT CONSTITUTE CERTIFICATION FOR ANY OTHER AGENCY, UNLESS SO ACCEPTED BY ANOTHER AGENCY.

Please complete the attached application and affidavit to apply to be certified as a Minority Business Enterprise OR a Women's Business Enterprise for the City of Canton.

You must initiate the certification process by submitting the required application and affidavit prior to January 31 of each year of certification. In order to ensure your certification and continued listing, please complete the attached forms and return them to the Office of Compliance, City Hall Building, 5th Floor, 218 Cleveland Ave., SW, Canton, OH 44702. If your certification application is not received by January 31 of each year, your business may not be certified for the year. Please be advised that it is the responsibility of the certified business owner to reapply before the annual expiration. No certification application will be accepted unless they are printed or typewritten, notarized and bear the signature of the application preparer and owner(s). If any of the information in the certification application changes during the course of your certification, it is your responsibility to notify this Office. The City of Canton Office of Compliance phone number is 330-438-4133.

The City of Canton is an equal employment opportunity employer. This program is not a race-or gender-based quota, but is implemented as a part of the City of Canton's commitment to make good-faith efforts to achieve equal employment opportunities. All applicants certify by signing the application and affidavit that in striving to meet the program's stated goals, they have not or will not utilize quotas, exclusive hiring practices or otherwise discriminate against any qualified individual.

NOTE: If you no longer wish to be certified or your business is no longer in active operation, please provide information to us in writing so that we may make the necessary changes to our files and our list.

Sincerely,

Corey L. Minor Smith

Corey Minor Smith
Compliance Director

**CITY OF CANTON
CERTIFICATION APPLICATION FOR CONTINUED ELIGIBILITY**

Federal Tax # _____

Number of employees _____

Complete Business Name (include LLC, Inc., etc.) _____

Type of business _____

Owner's Name _____

Owner's Title _____

Owner's email address _____

Cell phone Number(s) _____

Business Address _____

County _____

Business Phone Number _____

Business Website address _____

Years Firm Has Been In Business: _____

Number of Employees: _____

Annual Receipts for the three Preceding Years:

FY 200 _____ FY 200 _____ FY 200 _____

Please attach copies of applicable filed tax forms.

Has certification been approved by other private or governmental agencies?

_____ Yes _____ No

If yes, please attach copies of the application and any certification, then this Office will evaluate reciprocity.

The following questions relate to any changes or transactions that may have occurred in the business since it was last certified.

1. Have there been any changes in the business structure of the firm (example sole proprietor has become a partnership or a corporation) since the last certification?
_____ Yes _____ No

2. Have there been any changes in the following area(s) since last certification (if sole proprietor, indicate N/A)?

	Yes	No	N/A
a) Articles of Incorporation	_____	_____ yes	_____ no
b) By-Laws	_____	_____ yes	_____ no
c) Partnership Agreement	_____	_____ yes	_____ no
d) Stockholders	_____	_____ yes	_____ no
e) Board of Directors	_____	_____ yes	_____ no
f) Executive Officers	_____	_____ yes	_____ no
g) Management personnel	_____	_____ yes	_____ no

PLEASE NOTE: IF YOU INDICATED "YES" TO ANY OF 2A-2G, YOU MAY BE REQUIRED TO

PROVIDE ADDITIONAL DOCUMENTATION.

3. Please explain any changes noted in #2.

4. Please enter current data for the following (attach additional sheet if necessary):
Copies of birth certificates and current driver's license must be submitted

Owners', Board Members Partners' Names	Position (i.e. President)	Percent of of Ownership	Race	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. State the nature of your business. (Be as detailed as possible including all NAICS or other codes)

6. Are the majority (51%, 100% if Sole Proprietorship) of the business owners residents of the State of Ohio and U.S. citizens? _____ Yes _____ No

If no, please explain

7. Did any stockholder, director, officer, partner and/or sole proprietor establish a new business relationship with or purchase an ownership interest in another company?
(Business relationships include but are not limited to: shared space and/or utilities, equipment, financing, employees as well as more than one company having one/or more of the same owners, etc.)

_____ Yes _____ No

7a. If yes, please explain

8. State the number of full-time employees and the number of part-time employees currently employed by the company. Please also provide a copy of your last Federal EEOC report, if applicable.

_____ Full-Time _____ Part-Time _____ Seasonal _____ Temporary

9. Submit copies of proof of insurance and proof of workers compensation (if applicable).

This information is true and accurate as sworn to/affirmed in the attached affidavit.

Application preparer's name (printed)

Application preparer's signature

Date

PLEASE NOTE IF YOUR COMPANY HAS NOT HAD AN ON-SITE REVIEW BY THIS DEPARTMENT WITHIN THE LAST THREE YEARS, YOU MAY BE SUBJECT TO A COMPANY AUDIT. IF YOUR COMPANY IS SELECTED FOR AN ONSITE REVIEW, YOU WILL BE CONTACTED TO SCHEDULE A REVIEW.

MINORITY/WOMEN'S BUSINESS ENTERPRISE AFFIDAVIT
For Year _____

This blank affidavit may be copied for future use. However, a signed affidavit with original signatures must accompany each application.

The undersigned hereby swears and/or affirms that the statements made as apart of the Minority/Women's Business Enterprise application are true and includes all information requested.

- A. To identify and explain the operations of _____
- B. To identify ownership of _____
- C. To establish eligibility for certification as a
_____ Minority Business Enterprise
_____ Women's Business Enterprise

The undersigned hereby swears or affirms that all the information provided in, as attached to or as a supplement of the Minority/Women's Business Enterprise Certification Application, to be incorporated herein by reference, is true and correct as it is used to substantiate control and ownership of (name and title of the business) _____. The undersigned also understands that any misrepresentation is grounds for termination of any contract, prosecution to the fullest extent of the law and possible sanctions under the law. If, during the calendar year, there is any change(s) in the information submitted after this document is signed, it is the responsibility of the undersigned to inform the City of Canton Office of Compliance immediately of such change(s).

Sign only in the presence of a Notary Public:

State of _____ County of _____ City of _____

Preparer's Signature: _____

Preparer's Name: (Print) _____ Title: _____

Owner's Signature if different than Preparer: _____

On this _____ Day of _____, _____ before me appeared (Name) _____, stating that he/she is properly authorized by (Name of Firm/Business) _____ to execute the affidavit and did so of his/her own free will.

Notary Public: _____

My Commission Expires: _____