

MINORITY BUSINESS REGISTRATION APPLICATION

Defined by you.



("Minority Business Registered" shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and is owned and controlled by one or more ethnic groups. Business must also be located **outside** of the City of Columbus MSA area.)

1. _____
Company Name _____
Federal Tax Id or Social Security Number

2. _____
Type of Business (Corporation, Partnership, Sole Proprietorship) _____
Date company was established

3. Type of Industry, (Please check all that apply):
 Construction **Professional Services**
 Goods **Miscellaneous**

4. Please describe the major activity of the company. Please be specific:

5. _____
Business Street Address _____
P.O. Box

_____ , _____
City _____ **State** _____ **Zip**

6. _____
Owner _____ **Phone Number** _____ **Fax Number**

_____ (E-mail Address) _____ (Website Address)

7. **Ownership Disclosure (Attach additional sheets if necessary):**

Owner(s) Name	Gender	Minority Designation: African-American, Women, Hispanic, Asian, Pacific Islander, American Indian, Alaska Natives	Percentage of Ownership	Title

8. Is this company DBE Certified? YES NO MBE Certified? YES NO EDGE Certified? YES NO

9. Name of person(s) responsible for day-to-day operation of business. _____

10. Has this company ever conducted business under another name? YES NO

If yes, please state former names (s): _____

11. Are you a U.S. citizen? YES NO If no, do you hold a valid green card? YES NO Please attach a copy of green card.

12. Please attach proof of ethnicity (Copy Of Birth Certificate Certificate of Naturalization Driver's Licenses Passport)

13. Please complete the Affidavit. Notarize it and return all information and attachments to ODI.

For Office use only:

Date Received:	Registration Expires:	Registered By:
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AFFIDAVIT

The undersigned swears or affirms that the information submitted in this Certification Application relative to _____ (Company Name) is true and further swears or affirms that there has been no substantive change in ownership and control of this company.

The undersigned further agrees to provide written information relative to any future changes in ownership and/or management of the company to the City of Columbus Mayor’s Office of Diversity and Inclusion immediately following the change. The undersigned understands that if the change in information is not submitted, decertification may occur. Any material misrepresentation of information contained herein will be grounds for decertification.

If the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, appropriate action shall be taken.

(Name, Print)

(Title)

(Signature)

(Date)

State of _____ County of _____

On this the _____ day of _____, 20 _____, before me appeared (Name) _____, who affirmed that he or she was properly authorized by (Name of Company) _____ to execute the Affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____ My Commission Expires _____

Diversity and Inclusion Office
ATTN: Certification Program
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Columbus, Ohio 43205
Phone (614) 645-4764
Fax (614) 645-6669

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
OFFICE OF DIVERSITY AND INCLUSION