



CITY OF NEW HAVEN

APPLICATION FOR REGISTRATION

AS

SMALL BUSINESS ENTERPRISE

Mailing Address:

Small Business Initiative

City of New Haven
165 Church Street
New Haven, CT. 06510
203- 946-6550

Please complete this application in its entirety and provide all requested information and supporting documentation. Failure to do so may result in a delay in the processing of your application.

- 1) Federal Employer Identification Number ("FEIN"): _____
(Or Social Security Number ("SSN") if no FEIN)

- 2) Complete Legal Name of Business: _____

- 3) Principal Place of Business
Street Address: _____
(P.O. Box only will not be accepted)
Town: _____ State: _____ : Zip Code _____

Mailing Address (if different) _____
Town: _____ State: _____ : Zip Code _____

- 4) Local Telephone _____ Fax Number _____

E-Mail: _____ Company Web-site: _____

- 5) Contact Person _____
(Principal or owner)

- 6) Brief description of services your company provides. Be as specific as possible. _____

A small business enterprise (“SBE”) means any company that has:

- Been doing business under the same ownership and management and has maintained its principal place of business in the New Haven Market Area, for a period of at least one year immediately prior to the date of application;
- Gross revenues not exceeding \$3,000,000 during its most recent calendar year; and,
- 51% ownership held by a person(s) who exercises the operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business.

- 7) Does your firm meet the definition of a SBE? Yes: _____ No: _____

If the answer to this question is no, your company is not currently eligible for certification.

A minority business enterprise (MBE) is defined as:

- A small business enterprise (must meet the SBE criteria) with at least 51% ownership by one or more minority person(s) who exercise operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business.
- A minority person or business is one that has been so identified as a result of a utilization study as being underutilized for construction and construction related work and further defined by City of New Haven Ordinance, Section 12-14, as person(s) who are African American, Hispanic, or, a woman.

- 8) Does your firm meet the definition of a MBE? Yes: _____ No: _____

- 9) If your company is applying for certification of your business enterprise as minority owned, woman-owned please select one or more of the following categories.

Minority Category Gender % of Ownership

African American M/F _____ %
 Hispanic American M/F _____ %
 Woman *(Please Circle Race Below)* _____ %
 White _____ African American _____ Hispanic _____

10) Date Business was first established: ____/____/____
(Company must have been in business for at least one year prior to application)

11) Type of Business **(Check only one)**

<input type="checkbox"/> Sole Proprietorship	Date Established ____/____/____
<input type="checkbox"/> General Partnership	Date of Partnership ____/____/____
<input type="checkbox"/> Limited Liability Partnership	Date of Partnership ____/____/____
<input type="checkbox"/> Corporation	Date of Incorporation ____/____/____
<input type="checkbox"/> Limited Liability Company (LLC)	Date of LLC ____/____/____

12) Ownership of a company is implied if an applicant has an ownership interest of 20% or more in the business enterprise or if the applicant has an ownership interest of 20% or more in another company (an “affiliate company”). Does any owner (or the company itself) have an ownership interest in any other business enterprise? Yes:____ No:____. If yes:

(a) Specify the name of each affiliate company and the percentage of your or the company’s ownership interest in each company?

(b) Provide detailed description of any and all involvement in each company:_____

(c) Submit a Federal Tax Return for each affiliate company.
(To be eligible as a SBE the combined total gross receipts for all companies **cannot** exceed \$3,000,000)

13) Identify the Principal(s) and/or Officer(s) of the company:
Name(s) of Present Principals/Titles % of Ownership

_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____

14) Number of employees_____

15) Total Gross Receipts (or estimated) for the most recently completed calendar year: \$_____ (This figure must agree with the submitted Federal Tax Return or Accountant's Letter)

16) Indicate your company's bonding capacity or amount indicated on a letter of credit: \$_____

17) At least 25% of work over the past two years is commercial? Yes ___ No__

18) Please list the licenses held and attach copies of current licenses:

Type of License:	Expiration Date:
_____	_____
_____	_____
_____	_____
_____	_____

19) Indicate the dollar amount of largest project your company has had in the past two years: \$_____

20) Indicate if your company is Union or Non-Union by circling the correct one: Union___Non-Union_____

REQUIRED DOCUMENTATION TO BE ATTACHED TO APPLICATION FOR CERTIFICATION (WHERE APPLICABLE):

The information requested below is required. Failure to submit requested information or written explanation as to why the information request is not applicable may result in a delay in the review/certification process. All information (pertaining to gross receipts) in this application is confidential. All pertinent sections of this application must be completed. Use the following checklist to insure completeness.

Corporation

1. _____ Copies of License(s) (If Applicable)
(For information on licenses contact the Department of Consumer Protection at 1-800-842-2649.)
2. _____ Certificate of Incorporation
3. _____ Stock Certificates (Copies of all executed certificates)
(For information pertaining to this document contact the Secretary of State at (860) 509-6003)
4. _____ Copy of the Firm's **Entire** Federal Tax Return
(This is the Federal Tax Return for the most recently completed fiscal year. For example, if your company's fiscal year ends in December and is applying for certification in February 2005, the 2004 Federal return is required. If this information is not available, a letter on your company's accountant's letterhead with the estimated gross receipts for 2004 is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.)
5. _____ Sales and Use Tax Permit (If applicable)
(For information on permits contact the Department of Revenue Services 1-800-382-9463)

Sole Proprietorship

1. _____ Federal Tax Return (only Schedule C of Tax Return)
(This is the Federal Tax Return for the most recently completed fiscal year. For example, if your company's fiscal year ends in December and is applying for certification in February 2005, the 2004 Federal return is required. If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts for 2004 is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.)
2. _____ Copies of License(s) (If Applicable)
(For information on licenses contact the Department of Consumer Protection at 1-800-842-2649)
3. _____ Trade Name Certificate (from Town Clerk's Office)
4. _____ Sales and Use Tax Permit (If applicable)
(For information on permits contact the Department of Revenue Services 1-800-382-9463)

General Partnership

1. _____ Copy of General Partnership Agreement
2. _____ **Entire** Federal Tax Return
(This is the Federal Tax Return for the most recently completed fiscal year. For example, if your company's fiscal year ends in December and is applying for certification in February 2005, the 2004 Federal return is required. If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts for 2004 is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.)
3. _____ Copies of License(s) (If Applicable)
(For information on licenses contact the Department of Consumer Protection at 1-800-842-2649)

4. _____ Trade Name Certificate (from Town Clerk's Office)
5. _____ Sales and Use Tax Permit (If applicable)
(For information on permits contact the Department of Revenue Services 1-800-382-9463)

Limited Liability Partnership

1. _____ Copy of Limited Partnership Agreement
2. _____ **Entire** Federal Tax Return
(This is the Federal Tax Return for the most recently completed fiscal year. For example, if your company's fiscal year ends in December and is applying for certification in February 2005, the 2004 Federal return is required. If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts for 2004 is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.)
3. _____ Copies of License(s) (If Applicable)
(For information on licenses contact the Department of Consumer Protection at 1-800-842-2649)
4. _____ Trade Name Certificate (from Town Clerk's Office)
5. _____ Sale and Use Tax Permit (If applicable)
(For information on permits contact the Department of Revenue Services 1-800-382-9463)

Limited Liability Company (LLC)

1. _____ Copy of Operating Agreement
2. _____ Copy of Articles of Organization
3. _____ **Entire** Federal Tax Return
(This is the Federal Tax Return for the most recently completed fiscal year. This means that if your company's fiscal year ends in December and is applying for certification in February 2005, the 2004 Federal return is required. If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts for 2004 is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.)
4. _____ Copies of License(s) (If Applicable)
(For information on licenses contact the Department of Consumer Protection at 1-800-842-2649)
5. _____ Sales and Use Tax Permit (If applicable)
(For information on permits contact the Department of Revenue Services 1-800-382-9463)
6. _____ Most Recent Annual Report filed with the Secretary of State
(For information pertaining to this document contact the Secretary of State at (860) 509-6003_