



Small Construction
Business Development

CITY OF NEW HAVEN
SMALL CONSTRUCTION BUSINESS DEVELOPMENT
165 Church Street, 6th Floor
New Haven, CT 06510
Phone: 203-946-6550
Fax: 203-946-7808



KELLY MURPHY, AICP
Economic Development Administrator

APPLICATION FOR REGISTRATION

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

I. CONTACT INFORMATION:

1) Complete Legal Name of Business: _____

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

2) Street Address: _____
(P.O. Box only will not be accepted)

Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Town: _____ State: _____ Zip Code: _____

3) Telephone: _____ Fax: _____

E-Mail: _____

Company Website: _____

4) Principal or owner: _____

Office Contact (if different): _____ Tel: _____

5) Brief description of services your company provides. Please be as specific as possible:

II. CERTIFICATION TYPE:

A small business enterprise ("SBE") is defined as 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 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.

6) 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 above) 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 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 12-1/4, as person(s) who are African American, Hispanic, or, a woman.

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

8) If your company is applying for registration of your business enterprise as minority-owned or woman-owned please select one or more of the following categories:

Minority Category/Gender: Percentage of Ownership

African American (Male) _____%

Hispanic American (Male) _____%

Woman (Please check box for race below) _____%

African American _____

Latin American _____

White _____

Other (please specify) _____

III. BUSINESS TYPE:

9) Date business was first established under the current ownership: ____/____/____
(Company must have been in business for at least one year prior to application)

10) 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: ____/____/____ |

11) Over the last 2 years was at least 25% of work commercial?
Yes: _____ No: _____

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

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

| <u>Type of License</u> | <u>Expiration Date</u> |
|------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

14) Number of employees: _____

15) Indicate if your company is: Union _____ or Non-Union _____

IV. OWNERSHIP & FINANCIAL INFORMATION:

16) Ownership of a company is implied if an applicant has an equity 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 the ownership interest (for the company or the individual) in each company:

| <u>Company Name</u> | <u>Owner</u> | <u>Percentage</u> |
|---------------------|--------------|-------------------|
|---------------------|--------------|-------------------|

- (b) Provide detailed descriptions 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)

- 17) Identify the Principal(s) and/or Officer(s) of the company:

| <u>Name(s) of Present Principals</u> | <u>Titles</u> | <u>% Ownership</u> |
|--------------------------------------|---------------|--------------------|
|--------------------------------------|---------------|--------------------|

- 18) 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)

- 19) Indicate your company's bonding capacity or amount indicated on a letter of credit:

\$ _____

V. MOST RECENT FOUR JOBS:

Please describe the **last four (4) jobs** your company has completed (with the City of New Haven or otherwise) and return with your application. Thank you.

Your Company's Name _____

Today's Date _____

1. Project Name or Owner: _____

Contract Value: _____

Were you Prime or Sub-Contractor? _____

Date of Contract: _____

Location of Contract: _____

2. Project Name or Owner: _____

Contract Value: _____

Were you Prime or Sub-Contractor? _____

Date of Contract: _____

Location of Contract: _____

3. Project Name or Owner: _____

Contract Value: _____

Were you Prime or Sub-Contractor? _____

Date of Contract: _____

Location of Contract: _____

4. Project Name or Owner: _____

Contract Value: _____

Were you Prime or Sub-Contractor? _____

Date of Contract: _____

Location of Contract: _____

VI. OATH TO BE COMPLETED AND SIGNED BY APPLICANT:

OATH

I, _____ (*Principle's Name*), affirm to the best of my knowledge that the forgoing statements are true and correct, including all material information and documentation attached to this application and necessary to identify and explain the operations of (*Name of Company*) _____ and the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files, to notify the Small Business Initiative of any significant change in the status of the business operation or management, and to permit on site visits as may be required. It is understood and agreed that the Small Construction Business Development Program shall rescind the certificate of registration if false information is provided or misrepresentations are made in connection with this Application for Certification and that the Small Construction Business Development Program shall report such action to the appropriate state authority and to the Office of the Connecticut Attorney General. I understand that a civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed against the Company if it is found to have provided false or misleading information.

Signature of Principle/Owner

Printed Name

Title

State of Connecticut)

) **ss: New Haven** _____
(Date)

County of New Haven

Personally appeared _____ and made oath to the truth of the matters contained in this Application for Certification.

Signature

Printed Name

Notary Public *or*
Commissioner of Superior Court

Seal may be placed here

APPLICATION CHECKLIST: PART A

Please complete all five sections of this application to the best of your ability. If you have questions about how to fill it out, please call 203-946-8577.

Please provide this office with copies of the documents listed below, depending on your business structure:

Limited Liability Corporation

- Articles of Organization
- Operating Agreement

Corporation

- Certificate of Incorporation
 - For more information contact the Secretary of State's Office at 860-509-6003
- Organization and First Annual Report
 - For more information contact the Secretary of State's Office at 860-509-6003
- Complete by-laws
- Minutes of most recent Board Meeting
- All executed stock certificates

Sole Proprietorship

- Trade Name Certificate (from Town Clerk's Office)

General Liability Partnership

- Partnership Agreement
- Trade Name Certificate (from Town Clerk's Office)

Limited Liability Partnership

- Certificate of Limited Liability Partnership
 - For more information contact the Secretary of State's Office at 860-509-6003
- Most recent Annual Report filed with the Secretary of State
 - For more information contact the Secretary of State's Office at 860-509-6003

APPLICATION CHECKLIST: PART B

Please enclose the following items with your application packet (regardless of business structure):

- Copy of your company's complete latest Federal Tax Return, covering your current fiscal year (for Sole Proprietorships, Schedule C only)
 - If your return is not yet available, we will accept a statement on your accountant's letterhead with your estimated gross receipts. A copy of the tax return must then be provided once it is available
 - Tax returns must be provided for each principle holding more than 20% interest in any other companies

- Copies of any current trade/occupational licenses, if applicable
 - For more information contact the Department of Consumer Protection at 800-842-2649

- Copy of Sales & Use Tax Permit
 - For more information contact the Department of Revenue Services at 800-382-9463

- Copy of your most recent annual report from the Office of the Secretary of State (if applicable). This is commonly referred to as the \$75 Report
 - For more information contact the Secretary of State's Office at 860-509-6003

- Copy of birth certificate or any other document which proves the owner's race.

MAILING INSTRUCTIONS:

Please mail application and all supporting documentation to:

**Small Construction Business Development Program
Attn: Melissa Bernstein
165 Church Street, 6th Floor
New Haven, CT 06510**

Once all materials are received you should expect your certificate within a week to ten days, if you are accepted. A letter and certificate will arrive to you by USPS as verification of your acceptance.

If accepted, your company will be certified with the SCBD for one year. During this time, you must apply for your DAS (Department of Administrative Services) Certification, or you will not be eligible to re-register in the program.