



Small Construction  
Business Development

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



KELLY MURPHY, AICP  
Economic Development Administrator

## APPLICATION FOR RE-GISTRATION

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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: \_\_\_\_\_

Website: \_\_\_\_\_ Cell: \_\_\_\_\_

4) Principal or owner: \_\_\_\_\_

Office Contact (if different): \_\_\_\_\_ Tel: \_\_\_\_\_

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

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**II. ABOUT THE COMPANY:**

6) Has your company received a contract with the City of New Haven since your last certificate was issued? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please list the Contract Name and Number, Originating Department, and Contract Value:

Contract Name	Contract #	Department	Value

7) 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)

8) Over the last 2 years was at least 25% of work commercial?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

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

11) Number of employees: \_\_\_\_\_

12) Indicate if your company is: Union \_\_\_\_\_ or Non-Union \_\_\_\_\_

13) Has your company changed ownership, officers or business structure since your most recent SCBD Certification? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please describe the changes in the space below:

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**III. ABOUT THE OWNERSHIP:**

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

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

15) 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:

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(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)

**IV. MOST RECENT FOUR JOBS:**

Please describe the **last four (4) jobs** your company has completed (public or private) 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: \_\_\_\_\_



## RECERTIFICATION APPLICATION CHECKLIST:

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.

In addition, please enclose the following items with your application packet:

- 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
  
  - DAS (Department of Administrative Services) Certification is required after the first year in the Small Construction Business Development Program
    - For more information contact the Department of Administrative Services at [www.das.state.ct.us](http://www.das.state.ct.us) or 860-713-5236
    - Provide a copy of the certificate or provide documentation showing that the DAS has received *and is processing* your application
  
  - Copies of any documentation relating to ownership, address or other changes (if applicable)
  
  - Updated copies of all trade/occupational licenses
    - For more information contact the Department of Consumer Protection at 800-842-2649
  
  - Your most recent annual report from the Office of the Secretary of State
    - For more information contact the Secretary of State's Office at 860-509-6003
  
  - Sales & Use Tax Permit (only if it was renewed since your last SCBD renewal)
  
  - Notarized Oath (page 5 of the application)
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### Mailing Instructions:

Please mail application and all supporting documentation to:

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

Once all materials are received you should expect your new certificate within a week to ten days, if you are accepted.

If accepted, your company will be re-certified with the SCBD for two years. A letter and certificate will arrive to you by USPS as verification of your acceptance.