



MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE (MWBE) FOR BUSINESSES LOCATED OUTSIDE OF CHARLES COUNTY, MD REGISTRATION APPLICATION

*In order to qualify for Minority/Women Business (MWBE) status at least **51%** of the business **must be owned** by one of the groups identified below and must be certified with **MDOT**.*

MDOT Certification: _____ Exp. Date: _____

Other recognized MWBE certifications:

General Information

Business Legal Name: _____

Trade Name: _____

Federal Tax Identification Number (EIN or SSN): _____ DUNs Number: _____

Date Business Established: _____ Date Incorporated: _____

Mailing Address: _____

Physical Address: _____

Company's Point of Contact:

Contact Name _____ Title _____

Phone Number _____ Email _____

Company Information:

Phone Number: _____ Email: _____

Website: _____ Total Number of Employees: _____



Business Information

Type of Business:

Sole Proprietorship Limited Liability Company (LLC) Limited Liability Partnership (LLP)

Corporation Partnership

Minority/Woman Ownership:

Total Number of Partners: _____

Minority Owner(s) Name	Title	Ownership Percentage	Minority Class Code*
<input type="checkbox"/> Minority			
<input type="checkbox"/> Women			
<input type="checkbox"/> Minority			
<input type="checkbox"/> Women			
<input type="checkbox"/> Minority			
<input type="checkbox"/> Women			
<input type="checkbox"/> Minority			
<input type="checkbox"/> Women			

*Minority Classification Codes (Minority Classes Recognized by Charles County Government)

African American (AA) Hispanic (HS)
American Indian/Native American (NA) Women (WN)
Asian (AN)

Please check the box that most appropriately describes your business:

Architectural & Engineering Services
 Construction
 Professional Services (i.e., Accountants, Appraisers, Attorneys, Business Consultants, Real Estate Brokers)
 Retailer
 Wholesaler
 Other Services (i.e., Snow Removal, Electrical, Moving & Storage, Towing & Transport)

NAICS Code: _____



Please describe your Product Line / Service:

	Description of Product Line/Service	Commodity Code (if applicable) <i>To find code, please use this link: http://www.unpsc.org</i>
Primary		
Secondary		

Gross Revenue: (for last 3 years)

Business Fiscal Year: _____ To _____

Fiscal Year _____ \$ _____

Fiscal Year _____ \$ _____

Fiscal Year _____ \$ _____

Application's Signature

By signing below, the applicant represents, warrants, and certifies that the information provided herein is true, correct, and complete.

Authorized Signer/Owner

Date

Print Name

Business Name

FOR ECONOMIC DEVELOPMENT DEPARTMENT USE ONLY

Application Received: _____

Acceptable Identification Provided: Yes No

Reviewed & Verified By: _____

Date: _____

Approved: _____

Date: _____

MWBE/DBE Compliance Manager, Economic Development

MWBE Registration Number: _____



Submit your completed application and required documents or to direct questions:

Charles County Economic Development
mwbe@meetcharlescounty.com

Required Supporting Documentation

Application must be submitted with legible copies of the following:

- Valid Identification (Driver's License, Military ID, or Passport)
- Signed copy of your business [IRS W-9](http://www.irs.gov/pub/irs-pdf/fw9.pdf) Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Maryland Department of Transportation (MDOT) MWBE Certification Letter