

OFFICE OF THE GOVERNOR

**BOB RILEY**  
GOVERNOR



ALABAMA DEPARTMENT OF ECONOMIC  
AND COMMUNITY AFFAIRS

**DONI M. INGRAM**  
DIRECTOR

**STATE OF ALABAMA**

Enclosed is a program application for the Office of Minority Business Enterprise, a minority and women's business advocacy and support program focused on increasing business opportunities for the target audience. Your business must have been in operation for one year prior to seeking certification. Please fully complete the application using type not less than 10 pt., have the application notarized, and provide the following documents:

- A. State of Alabama Department of Finance Vendor Application.**
- B. Articles of Incorporation or Articles of Organization, if LLC.**
- C. Copies of your stock certificates or membership certificates.**
- D. Copies of other certifications (DBE, WBEC, others).**
- E. Statement of duties for each business owner and stockholder.**
- F. Copies of your Alabama state, city, and county business license(s).**
- G. Copies of professional license(s) as applicable.**
- H. Federal and state income tax returns for the past two years.**
- I. Capability Statement (ability to produce other products or services).**
- J. Picture of business facilities, if possible.**
- K. Proof of identity (copy of ID card, tribal card, or citizenship papers if naturalized citizen).**
- L. Any publications, pamphlets, brochures, etc., that might warrant inclusion in our files (owner asset investments).**

Please return the completed application package to:

**Office of Minority Business Enterprise  
Alabama Department of Economic and Community Affairs (ADECA)  
401 Adams Avenue, Suite 410  
Montgomery, AL 36103**

You must demonstrate that the business is owned (minimum 51 percent) and controlled by the minority or female applicant. For additional assistance, do not hesitate to contact Clarence Mann at 800-447-4191 or (334) 353-5680.

Sincerely,

Beatrice M. Forniss, Unit Director  
Resources for Economic Assistance Programs

**ALABAMA  
OFFICE OF THE MINORITY BUSINESS ENTERPRISE  
ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**

**ELIGIBILITY**

To be eligible for certification as a minority or women's disadvantaged business, the applicant must meet certain requirements which include, but are not limited to, the following criteria:

1. Submit a legible, typewritten application.

**2. TIME IN BUSINESS**

A business must have been in operation for one year prior to seeking certification.

**3. OWNERSHIP**

A business must be at least 51 percent unconditionally owned, controlled and daily-operated, with a physical and legal (license) presence in Alabama, by either:

- a. An individual(s) who is a citizen of the United States (specifically excluding resident alien(s)) and determined to be socially and economically disadvantaged, or;
- b. An economically disadvantaged Indian Tribe, Alaskan-native corporation, or Native-Hawaiian organization.

**4. SOCIALLY DISADVANTAGED**

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice, sexual or cultural bias because of their identity as a member of a group without regard to their individual qualities.

**5. ECONOMICALLY DISADVANTAGED**

Economically disadvantaged individuals are those individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities.

**6. MEMBERS OF DESIGNATED GROUPS**

African-Americans, Native Americans, Hispanic-Americans, Women, Asian-Pacific Americans and Asian-Indian Americans have been officially designated as socially disadvantaged. Members of other groups must show proof of social disadvantage. Economic disadvantage must be established for all applicants. Participating agencies determine eligibility on a case-by-case basis.

# CERTIFICATION APPLICATION

General Instructions—Application **must** be typed.

Use plain white paper when answers require additional space. Properly identify the item referred to by the appropriate number. At the top of each additional page, state the name of the applicant, date of application and item number. Please answer all questions completely. If a particular question does not apply to your business operation, write not applicable (N/A) in the space provided. You must include all attachments requested on page 5. **YOUR BUSINESS MUST HAVE BEEN IN OPERATION FOR ONE YEAR PRIOR TO SEEKING CERTIFICATION. THIS APPLICATION MUST BE SIGNED, DATED, AND NOTARIZED!**

Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day, Month, Year)

## I. BUSINESS INFORMATION

Name of Business:

\_\_\_\_\_

\_\_\_\_\_

Contact Person

Title

Business Street Address (Also mailing address, if different)

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Telephone Number

Email Address

Web Site

Fax number. \_\_\_\_\_

Date Business Established \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day, Month, Year)

Date of acquisition (check one)

Purchased existing business     Started business     Secured a franchise

Merger or consolidation     Other (please specify) \_\_\_\_\_

Is your business a home-based operation: Yes \_\_\_\_\_ No\_\_

List or attach location of all additional facilities \_\_\_\_\_

\_\_\_\_\_

**NAIC Codes:** (SIC Codes) \_\_\_\_\_

List and include copies of all state license(s) \_\_\_\_\_

\_\_\_\_\_

Major products and/or services offered:

\_\_\_\_\_

Gross annual sales \_\_\_\_\_

Can you supply products or services? Local \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_

Legal Structure (check one)

Number of Actual Employees \_\_\_\_\_

- Proprietorship LLC
- Partnership LLP
- Corporation
- Sole Proprietorship

Total Number of Employees: \_\_\_\_\_

Total Number of Minority Employees: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Type of Business (check one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Broker         |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Finance               | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Service       | <input type="checkbox"/> Distributorship       | <input type="checkbox"/> Other          |

**II. CUSTOMER BUSINESS REFERENCE**

1. Customer Name \_\_\_\_\_

3. Customer Name \_\_\_\_\_

Plant \_\_\_\_\_

Plant \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Buyer \_\_\_\_\_

Buyer \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Product/Service \_\_\_\_\_

Product/Service \_\_\_\_\_

Dollar Volume \$ \_\_\_\_\_

Dollar Volume \$ \_\_\_\_\_

Quality Approvals (if applicable) \_\_\_\_\_

Quality Approvals \_\_\_\_\_

2. Customer Name \_\_\_\_\_

4. Customer Name \_\_\_\_\_

Plant \_\_\_\_\_

Plant \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Buyer \_\_\_\_\_

Buyer \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Product/Service \_\_\_\_\_

Product/Service \_\_\_\_\_

Dollar Volume \$ \_\_\_\_\_

Dollar Volume \$ \_\_\_\_\_

Quality Approvals \_\_\_\_\_

Quality Approvals \_\_\_\_\_

**III. BANK AND CREDIT REFERENCES**

1. List Your Bank and Credit References

(a) Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Credit Line Amount: \_\_\_\_\_

Name of Bank Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

(b) Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Credit Line Amount: \_\_\_\_\_

Name of Bank Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

2. List other Credit References:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Credit Line Amount: \_\_\_\_\_

Name of Bank Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Note:** Please submit copies of all existing banking resolutions along with signature cards.

**IV. CONSTRUCTION [ ] OR SERVICES [ ] INFORMATION (Check One)**

Trade Specialty \_\_\_\_\_ Bonding Capacity \$ \_\_\_\_\_

Copy of Bond Attached \_\_\_\_\_ Bonding

Agent \_\_\_\_\_

Authorities/Licenses (list and include copies of all professional licenses) \_\_\_\_\_

1. UNION NAME: \_\_\_\_\_

Union Affiliation: \_\_\_\_\_

Local Union \_\_\_\_\_

2. PROJECT NAME \_\_\_\_\_

(most recent)

3. Project Name \_\_\_\_\_

(largest)

Geographical Area \_\_\_\_\_

Geographical Area \_\_\_\_\_

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Finish Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Finish Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dollar Value \$ \_\_\_\_\_

Dollar Value \$ \_\_\_\_\_

\*Please send copy of Bonding Certificate

**V. TRANSPORTATION INFORMATION (Transportation Carriers, Only)**

1. Operating Status: Independent Carrier ( ) Common Carrier ( )

2. List the Commodities You Normally Transport: \_\_\_\_\_

3. Operating Authorities: Interstate ( ) Intrastate ( )

4. Insurance Carrier: \_\_\_\_\_

\*Note: Please submit proof of insurance coverage.

5. List All Vehicles and Equipment (Please forward copies of all applicable vehicle titles/leases.)

<u>No.</u>	<u>Vehicles and Equipment</u>	<u>Owned/Leased</u>	<u>Registration</u>
_____	_____	_____	_____
_____	_____	_____	_____

**VI. (A) PLANT OR SATELLITE OPERATIONS INFORMATION**

Plant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Plant Manager \_\_\_\_\_

Facilities (Total Available Space): \_\_\_\_\_ Office Square Feet \_\_\_\_\_

(Certification Application, Page 5)

**VI. (B) EQUIPMENT INFORMATION**

List your basic operating equipment: Owned Leased

_____	_____	_____
_____	_____	_____
_____	_____	_____

Include copies of lease agreement(s)

**VII. MANAGEMENT INFORMATION**

**A.** List the names of every proprietor, partner, officer, director and stockholder and include a separate Statement of Duties for each. The names listed should include minority group members and non-minority group members. Under ownership column note if entry is an S-stockholder, proprietor or partner, D-director and O-officer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**B.** Where the person is a minority group member, insert the appropriate code letter corresponding to the minority group in which the party claims membership in accordance with the following:

**Minority Classification/Group:**

B = Black  
H = Hispanic  
AI = Asian Indian  
NA = Native American  
E = Asian Pacific  
X = Non-Minority  
C = Caucasian  
O = Other

**Citizenship status:**

1 = By Birth  
2 = Naturalized Citizen

**Gender**

M = Male                      F = Female

**Member Information**

Citizenship Status <u>Member</u>	<u>Name/Title</u>	Handles Daily		Ownership	Affiliate
		Management		Minority Group	Percent of
		<u>Yes</u>	<u>No</u>	<u>Member Status</u>	<u>Ownership</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

- C. Does the applicant/business have any affiliates or is it a subsidiary or affiliate of another concern? (Check one)  Yes  No (If yes, provide the name, address, and telephone number of the subsidiary affiliate or parent. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.)
- D. Does applicant business concern or any person listed above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on going .
- E. Is the applicant business concern involved in any administration, management or operations agreements with any other concerns or persons? Such agreements include but are not limited to management and joint-venture agreements and any agreement or contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. (Check one)  Yes  No (If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.)
- F. Is the applicant business concern involved in any present or pending lawsuit? (Check one)  Yes  No (If yes, provide details on a separate sheet.)
- F. Is the applicant business concern involved in bankruptcy or insolvency proceeding? (Check one)  Yes  No (If yes, please provide details on a separate sheet.)
- H. Supply a brief history of the applicant business concern on a separate sheet.
- I. Supply a copy of the applicant's financial statement for two years preceding the year of application, plus financial statements of any subsidiaries or affiliates of the applicant for the same period of time. If the applicant is a new business concern, a copy of an opening balance sheet and projection of income or a statement by a certified public accountant that the applicant is a viable business concern. All financial statements submitted to the ADECA/OMBE/WOMBE must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. **All materials will be kept confidential.**
- J. Have you ever been rejected for certification by anyone? (Check one)  Yes  No (If yes, state when, by whom, and the reasons for rejection:) \_\_\_\_\_

VIII. AFFIDAVIT OF APPLICANT

**Read the following paragraphs carefully!** Your signature on this application indicates acceptance and understanding of the conditions.

- A. **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- B. **APPLICANT AGREES** to allow the ADECA/OMBE representatives access to the business concern and the right to a site visit of the applicant's place of business.
- C. **THE ADECA/OMBE RESERVES THE RIGHT** to request further information from the applicant prior to certification.
- D. **THE APPLICANT AGREES** to immediately notify the ADECA/OMBE of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- E. **CERTIFICATION** may be terminated at any time by ADECA/OMBE in accordance with the guidelines established by the ADECA/OMBE for the best interests of the ADECA/OMBE.
- F. **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification and affiliate membership.
- G. **FRAUD** - IF the ADECA/OMBE discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.
- H. **ALL MATERIALS** submitted with this package shall become the property of the ADECA/OMBE.
- I. **DE-CERTIFICATION IS AUTOMATIC** if a certified MBE has a change in ownership, control or management and does not inform ADECA/OMBE within 30 days of said change.
- J. **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the ADECA/OMBE.

The undersigned hereby swears under penalty of law that all statements made in this application are true. The undersigned agrees to hold the ADECA/OMBE harmless for any claim arising out of this application and agrees to indemnify the ADECA/OMBE for any liability in connection with the certification of the applicant.

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Business Name

**Signature of Proprietor, Partner(s), or President of corporation:**

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Signature

Date

Print Name

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Signature

Date

Print Name

---

Notary Signature

Date

Print Name