

Spartanburg School District 7 Minority and Woman Owned Business Certification

Please provide the following information:

1. Business Information			
Federal Employer I.D. Num	ber	Social Se	curity Number
Name of Business			
Business Address			
	Street	P 	O Box
City Contact Person		State Title	Zip Code
Telephone	Fax		
E-Mail			
2. Legal Structure (check one	e)		
Sole Proprietorship		_	Partnership
Corporation		_	Joint Venture
Date business Started		Date Inc	orporated
4. This company is applying	ng for certified s	tatus as a (required):
Minority Owned Busine	ess (MBE)W	oman Owned Bus	iness (WBE)Small Business
5. Minority Status of Own	er(s) (check one) (r	equired)	
African American	Asian	Hispanic _	Aleut
Native American	Eskimo	East Indian	Caucasian
Other			
6. Citizenship Status of M	inority Owner(s	(check one) (required)
United States	Resident Alien	Oth	er (explain in attachments)
8. Business References			
Name	Address		City, State, Zip

9. Indicate product information (commodities your business sells) (Please be specific)					
10. Indicate services you			tional information if n		
11. Indicate number of y			-		
Ownership of Firm: Iden necessary.	tify those who	o own 5% or i	nore of the firm	. Attach list of others if	
Name	Race S	Sex Years o	f Ownership	Ownership%	
					
					
12. Are you Certified 8(a) by the U.S. S	small Business	Administration	yesno	
Certified by t	he S.C. Depar	tment of Tran	sportation	yesno	
13. Are you licensed to d licenses?	lo business in	South Caroli	na as well as loc	ally, including all busine	SS
yes	_	no			
I certify that all info	ormation prov	ided as part c	of this certification	on is true and accurate.	
Print Name		Title		 Date	
		Signatu	re		