



City of Winston-Salem  
Minority and Women  
Business Enterprise Program

Mail to:

M/WBE Program  
P.O. Box 2511  
Winston-Salem, NC 27102

Application for Certification Renewal

COMPLETE SECTION 1:

1. FIRM NAME:

Former Name: \_\_\_\_\_

Present Name : \_\_\_\_\_

Current Mailing/Street

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

**REMEMBER:** Check one of the following boxes indicating which tax schedule is being submitted with your application. [ ] **Schedule C** - sole proprietorship; [ ] **Form 1065** - Partnership or [ ] **Schedule K1**- S Corporation [ ] **Form 1120 Schedule E** for C Corporation. You do not need to return your complete tax return, but ***only the pertinent schedule.***

**STOP HERE AND GO TO THE BACK OF FORM IF THERE HAVE NOT BEEN ANY CHANGES IN STATUS OR OWNERSHIP. IF THERE HAVE BEEN CHANGES, PLEASE COMPLETE BELOW.**

2. CHANGE IN STATUS: (Please submit relevant documentation)

\_\_\_\_ Sole Proprietorship \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Joint Venture

\_\_\_\_ Other (specify) \_\_\_\_\_

Type of Business \_\_\_\_ Minority Business Enterprise \_\_\_\_ Women Business Enterprise

3. CHANGE IN OWNERSHIP: (Please submit relevant documentation)

| Name  | Race  | Sex   | Percentage Ownership | Voting Percentage | Years of Ownership |
|-------|-------|-------|----------------------|-------------------|--------------------|
| _____ | _____ | _____ | _____                | _____             | _____              |
| _____ | _____ | _____ | _____                | _____             | _____              |
| _____ | _____ | _____ | _____                | _____             | _____              |
| _____ | _____ | _____ | _____                | _____             | _____              |

Indicate how long business has been in existence under new

Name \_\_\_\_\_

**NOTE: Please sign and notarize affidavit on the reverse side.**

**CONDITIONS OF APPLICATION**

Your signature on this application indicates your acceptance and understanding of the condition to qualify as a certified M/WBE firm with the City of Winston-Salem.

- A. Omission of information may be reason for this application not receiving timely and complete consideration.
- B. Applicant agrees to allow the coordinator of the M/WBE Program access to and the right to inspect the applicant's place of business.
- C. The City of Winston-Salem reserves the right to request further information from applicant prior to certification.
- D. Applicant agrees to all information being verified.
- E. The applicant has reviewed the M/WBE criteria and policy as summarized on the City of Winston-Salem's website.
- F. Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- G. The applicant agrees to notify the coordinator of the M/WBE Program of any change in ownership, management control or business status.
- H. All Information and documents submitted with this application shall be come the property of the City of Winston-Salem.

**DEFINITION OF M/WBE**

To qualify for M/WBE status, 51 percent of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black American, Hispanic Americans, American Indians and American Women.

The phrase "owned and controlled" as used in this definition means a business which (1) a sole proprietorship legitimately owned by an individual who is a minority or female, (2) a partnership or joint venture controlled by minorities and/or female, and in which at least 51 percent of the beneficial ownership interest legitimately are held by minorities or females, or (3) a corporation or other entity controlled by minorities or females, and in which at least 51 percent of voting interest and 51 percent of the beneficial ownership interests are legitimately held by minorities or females. In addition, these provisions must control the management and operation of the business on a day-to-day basis.

**AFFIDAVIT**

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

**Signature:** \_\_\_\_\_  
Signature affirms said business is a minority or women business enterprise and that all information is true and accurate.

Name of Firm \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Corporate Seal (where appropriate)

**THIS APPLICATION MUST BE NOTARIZED**

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

(SEAL)

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_