

DuPage Community Development Commission Minority & Woman Business Enterprise Application

*** Minority/Woman Business Enterprise is Predominately for Services related to the Construction Industry***

Return the completed application, along with the required attachments, to

DuPage Community Development Commission

421 North County Farm Road

Wheaton, IL 60187

FAX: 630-407-6601

Email communitydev@dupageco.org

General Information – Applicants seeking recognition must be US Citizens or Lawful Permanent Resident

I am applying for recognition as:

- Minority Business Enterprise
 Woman Business Enterprise

Business Name: _____
Street Address: _____
City, State, Zip: _____
Business Number: _____
Fax Number: _____
Owner's Name: _____
Contact's Name: _____ Title: _____
Email Address: _____
Web Address: _____
DUNS# (If Applicable): _____
FEIN: _____

Type of Business

- Construction Contractor
 General Contractor
 Supplier of Construction Goods
 Specific Trade
 Other (related to the construction Industry)

Briefly describe the products and/or services provided:

Business Ownership – Must have ownership of the business one (1) year prior to applying

Checkmark business type

- Sole Proprietorship
 Limited Liability Company
 Partnership
 Corporation²

Date Established: _____ BRC¹ _____
Date Filed: _____
Agreement Date: _____ BRC¹ _____
Incorporation Date _____ FEIN³ _____

¹ Business Registration Certificate Number

³ Federal Employer Identification Number

² Does not include affiliates, wholly owned subsidiary

FOR CORPORATIONS, LIMITED LIABILITY COMPANIES & PARTNERSHIPS

Identify those who hold 5% or more of the business’ ownership – for partnerships, identify those who have a percentage of ownership

Name:	Race/ Ethnicity*	Gender	Years Owned	Salary	% Of Preferred/ Common Stock	Citizen	Lawfully Admitted Permanent Residents

*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

CONTROL OF BUSINESS

Identify by name, race, gender, title, and job classification those individuals in the firm who are responsible for day-to-day management and policy decision making including but not limited to those with prime responsibility for (include owners and non-owners) the following:

	NAME	RACE/ ETHNICITY *	GENDER	TITLE
Financial Decisions				
Signing Of Checks, Payroll, Purchasing, Other				
Hiring/Firing Of Management Personnel				
Purchase Of Major Items/Supplies				
Supervision of Field Operations				
Negotiating/Signing Contracts				
Credit Acquisition				
Management Decisions				
Bid Negotiations/Scheduling				
Office Management				
Bonding/Insurance				
Operating Management				

*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

REQUIRED DOCUMENTATION

Submit the following documents (and amendments) as applicable

(X = Required)

Corporation	LLC	Partnership	Proprietorship	
X	X	X	X	Birth Certificates/US Passport/Permanent Resident Card
X	X	X	X	Resume of principals of your company showing education, training and employment with dates
X	X	X	X	Licenses required by City, County and State
X		X	X	Office Rental or Lease or Rental Receipts
X	X	X	X	Equipment Rental or Lease Agreements or Rent Receipts
X	X	X	X	Six Cancelled Business Checks (Front and Back)
X	X	X	X	Three Signed Copies of Current Contracts and Related Purchase Orders
X	X	X	X	Employee Identification Number
X	X	X		Board of Directors
X	X*	X*		Copy of registered stock certificates(s) issued
X				Articles of Incorporation, including State certificate
X				Minutes of first corporate meeting
	X			Recorded Articles of Organization
	X			Filed Annual Report
X**		X	X	Assumed Name Certificate
X	X	X		Certificate of Good Standing
X***	X			Authority to Transact Business in the State of Illinois
	X***			Authority to Transact Business in the State of Illinois

* If applicable

** If you are a corporation using a dba

***If you are a business located outside of the State of Illinois

Please list two business credit references.

Business Name: _____
 Contact/Title: _____
 Address: _____
 Phone: _____

Business Name: _____
 Contact/Title: _____
 Address: _____
 Phone: _____

AFFIDAVIT

The undersigned swears that the foregoing statements are made as part of this application are true and correct and includes all material information necessary to:

- 1. Identify and explain the operations of the Business

- 2. Ownership – Please list the Owner/s and percentage of ownership

Name: _____
Name: _____
Name: _____

- 3. Establish eligibility for recognition as a:

Minority Business Enterprise
 Woman Business Enterprise

Further, the undersigned agrees to provide directly to the Community Development Commission all information and materials as may be required to substantiate the ownership and control of the company.

If, after filing this document there is any change (during the ensuing calendar year) in the information submitted, the undersigned will immediately submit the changes to the DuPage County Community Development Commission.

NOTARIZATION

Owner’s Signature: _____
Name (Print): _____
Title: _____ Date: _____

State of Illinois, County of _____ on this the _____ day of _____, 2023, before me appeared (Owner’s Name) _____, that he or she was properly authorized by (Company Name) _____, to execute the Affidavit and did so as his or her free act and deed.

Notary Seal



Notary Public Signature: _____