

WOMEN-OWNED BUSINESS ENTERPRISE (WBE) DOCUMENT CHECKLIST

To be sure you have provided all requested information, place marks 'X' on the items you have submitted. Unless otherwise indicated, copies of documents are sufficient. Any deficiency may delay the certification process. Mail applications to: Wisconsin Department of Commerce, Bureau of Minority Business Development, PO Box 7970, Madison, WI 53707. Certification generally takes 4 to 6 weeks. **An on-site visit will be scheduled if necessary.**

A \$150 certification fee is required for all WBE unless WBE applicant holds a DBE (Wisconsin Department of Transportation Disadvantaged Business Enterprise) certification. Applicant's holding a Wisconsin DOT DBE certification should submit a check for the \$100. Checks should be made payable to the Department of Commerce.

A. ALL BUSINESSES

1. Proof of citizenship for each owner such as Birth Certificates, Green Cards, Passports other legal photo identification.
2. Current bank signature cards for business account(s) including Depository and Borrowing Resolutions.
3. Business Tax Returns for the past three years.
 - Federal tax form 1120
 - Federal tax form 1065
 - Federal tax form 1040 with Schedule C
4. List of major capital assets, such as property, office/facilities, equipment, vehicles, etc. . .
5. Current business financial statements.
6. Leases and other Third-Party Agreement(s), such as working arrangements with other firms, supplier/distributorship agreements, etc.
7. Three samples of evidence of revenue for firm, such as completed-signed contracts, receipts, invoices, etc. . . .
8. Evidence of Certification with agencies identified in Question #17.
9. Relevant licenses and permits. Resumes/biographies outlining business experience.
10. Assumed name document (d/b/a or a/k/a).

B. Partnerships Only

1. Partnership Agreement, including any amendments, buy-out rights as well as any profit sharing arrangements.

C. Corporations and Limited Liability Corporations Only

1. Articles of Incorporation with all Amendments (including operating agreements for LLC's).
2. Minutes of the first corporate organizational meeting.
3. By-laws and voting agreements among shareholders.
4. Annual reports for the past three years.
5. Copies of Stock Certificates (both front and back) and Stock Transfer Record.
6. Stock options and other outstanding ownership options.

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A **\$150** certification fee is required for all WBE applicants unless the applicant holds a DBE certification (Wisconsin Department of Transportation Disadvantaged Business Enterprise) or MBE (a Wisconsin Department of Commerce Minority Business Enterprise) certification. Applicant's holding a Wisconsin DOT DBE certification or a Wisconsin Commerce MBE certification should submit a check for the \$100. Checks should be made payable to the Department of Commerce.

Out-of-state applicants must provide a copy of their home state certification provided by a governmental certifying agency whose certification criteria is the same as the Wisconsin eligibility criteria. On-site reports may be required.

A. ALL BUSINESSES

1. Proof of citizenship for each owner such as Birth Certificates, Green Cards, Passports, or other legal photo identification.
2. Current bank signature cards for business account(s) including Depository and Borrowing Resolutions.
3. Business Tax Returns for the past three years.
 - Federal tax form 1120
 - Federal tax form 1065
 - Federal tax form 1040 with Schedule C
4. List of major capital assets, such as property, office/facilities, equipment, vehicles, etc.
5. Current business financial statements.
6. Leases/ Third-Party Agreement(s), Working arrangements with other firms, supplier/distributorship agreements, etc.
7. Three samples of evidence of revenue for firm, such as completed-signed contracts, receipts, invoices, etc.
8. Evidence of state MBE or DBE Certification with the agency(s) identified in Question 17.
9. Business-related licenses and permits.
10. Resumes/biographies outlining business experience.
11. Assumed name document (d/b/a or a/k/a).

B. Partnerships Only

1. Partnership Agreement, including any amendments, buy-out rights, Profit sharing arrangements.

C. Corporations and Limited Liability Corporations Only

1. Articles of Incorporation with all Amendments (including operating agreements for LLC's).
2. Minutes of the first corporate organizational meeting.
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4. Annual reports for the past three years.
5. Copies of Stock Certificates (both front and back) and Stock Transfer Record.
6. Stock options and other outstanding ownership options.

7. Date business was established: Year _____ Month _____ Day _____
 Date current owner(s) acquired majority ownership: Year _____ Month _____ Day _____

8. Gross receipts for the most recent three (3) years: *(Indicate 1000's of Dollars)*

<u>Year</u>	<u>Gross Receipts</u>
1 Year Ago: _____	\$ _____
2 Years Ago: _____	\$ _____
3 Years Ago: _____	\$ _____

9. Business Products or Services: *(be brief and concise)*

10. Standard Industrial Classification Codes: (codes can be found at websites listed below if you have longer list, please attach another page)

NAICS (<http://www.census.gov/epcd/www/naics.html>) and

1. _____ 2. _____ 3. _____ 4. _____

NIGP (http://vendornet.state.wi.us/vendornet/asp/CC13_Process.asp)

1. _____ 2. _____ 3. _____ 4. _____

11. List three largest or principal customers/accounts/contracts/projects:

<u>Name of Company</u>	<u>Address, City, State</u>	<u>Phone/Fax</u>
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a. _____

b. _____

c. _____

12. Identify persons or firms who provide Accounting, Legal and Banking services:

Accountant: _____ Contact: _____

Address: _____ Phone: _____

Attorney: _____ Contact: _____

Address: _____ Phone: _____

Bank/Name of Institution: _____ Contact/Bank Officer: _____

Address: _____ Phone: _____

13. Has the business or owner applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last three years?

-No -Yes (If yes, please provide a detailed explanation as to circumstances surrounding bankruptcy on a separate sheet)

14. Provide the following ownership information for all owners. (If additional space is required for ownership attach additional sheets in the same format as Question #14)

- To qualify as a Minority Business Enterprise (MBE), the business must be at least 51% owned, controlled and actively managed by one or more individual belonging to one or more ethnic groups*.
- To qualify as a Women-Owned Business Enterprise (WBE), the business must be at least 51% owned, controlled and actively managed by one or more women.

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: (WI only) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Sex: Male Female

(ethnic group)

(_____) Black

(_____) Native Hawaiian/Polynesian

(_____) Asian

(_____) Native American/Indian

(_____) Hispanic

(_____) Other

Ownership is by: An Individual Person Other (Describe Other) _____

Date of Initial Ownership: _____ (YYMMDD)

Initial investment to acquire ownership interest in firm.

% Ownership: _____ %

Type	Dollar Value
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Number of Shares Owned: _____

Cash:	\$ _____
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U.S. Citizen: No Yes

Real Estate:	\$ _____
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Legal Permanent Resident: No Yes

Equipment:	\$ _____
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Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: *(WI only)* _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Sex: Male Female

(indicate ethnic group)

(_____) Black

(_____) Native Hawaiian/Polynesian

(_____) Asian

(_____) Native American/Indian

(_____) Hispanic

(_____) Other

Ownership is by: An Individual Person Other *(Describe Other)* _____

Date of Initial Ownership: _____ *(YYMMDD)*

Initial investment to acquire ownership interest in firm.

% Ownership: _____%

Type **Dollar Value**

Number of Shares Owned: _____

Cash: \$ _____

U.S. Citizen: No Yes

Real Estate: \$ _____

Legal Permanent Resident: No Yes

Equipment: \$ _____

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: *(WI only)* _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Sex: Male Female

(indicate ethnic group)

(_____) Black

(_____) Native Hawaiian/Polynesian

(_____) Asian

(_____) Native American/Indian

(_____) Hispanic

(_____) Other

Ownership is by: An Individual Person Other *(Describe Other)* _____

Date of Initial Ownership: _____ *(YYMMDD)*

Initial investment to acquire ownership interest in firm.

% Ownership: _____%

Type **Dollar Value**

Number of Shares Owned: _____

Cash: \$ _____

U.S. Citizen: No Yes

Real Estate: \$ _____

Legal Permanent Resident: No Yes

Equipment: \$ _____

15. Identify by name, title, ethnicity and gender those individuals (including owners and non-owners) who are responsible for the business's major decisions on policy, management and direction of the operations on a day-to-day basis:

<u>Name</u>	<u>Title</u>	<u>Ethnicity</u>	<u>Sex</u>
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a. Financial decisions:

_____ M F

b. Check signing:

_____ M F

c. Credit acquisitions

_____ M F

d. Purchase of major equipment/supplies:

_____ M F

e. Scheduling of Field Operations (List field supervisors if any):

_____ M F

f. Management decisions:

_____ M F

g. Union negotiations (if any):

_____ M F

h. Hiring/Firing Personnel:

_____ M F

i. Office management:

_____ M F

j. Marketing and sales:

_____ M F

16. Annual size of employee workforce (including working owners). MBE certification applicants complete c) and d).

a. Total full-time employees	_____	b. Total part-time employees	_____
c. Total full-time minority employees	_____	d. Total part-time minority employees	_____

17. Is the business certified by ANY other government agency?

_____ No _____ Yes (If yes, please identify)

<u>Name</u>	<u>Date Certified</u>	<u>Expiration Date</u>
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a) _____

b) _____

c) _____

ONLY CORPORATIONS, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES SHOULD COMPLETE THE FOLLOWING. IF THE FIRM IS NOT A CORPORATION, PARTNERSHIP OR A LIMITED LIABILITY COMPANY GO TO PAGE 7 (ITEM 20).

18. If the business is a corporation or LLC, please list the following information:

- a. Total shares authorized: _____
- b. Total shares issued to date: _____
- c. Are there any restrictions that limit the voting rights of ethnic minority group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents?
 No Yes *(If yes, please explain)*

19. List the current Board of Directors. *(If additional space is required, submit an attached sheet)*

Name	Title	Ethnicity	Sex	Appointment Date (YYMMDD)
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- a. _____ M F _____
- b. _____ M F _____
- c. _____ M F _____
- d. _____ M F _____
- e. _____ M F _____

20. Does the business have any agreements, written or oral, or regular working arrangements with any other firm?

No Yes *(If yes, describe the agreement or working arrangement)*

21. Is any owner or board member of the business, an owner or former owner of another firm engaged in the same or similar type of enterprise?

No Yes *(If yes, identify below)*

22. Is any owner or board member of the business, employed by any other firm?

No Yes *(If yes, identify the firm, the person, and the business relationship)*

23. Does any board member of the business, own or work for other firms which have a relationship with the business? *(Relationships include ownership interest, shared office space, financial investments, equipment lease or personnel sharing)*

24. Has the owner of the business been rejected for certification by anyone?

No Yes *(If yes, list the name of the certification below and the date rejected)*

Minority Business Enterprise Certification Affidavit

Hereafter, "the Business" refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority status of the Business and do herein certify under penalties imposed by Wisconsin Statutes that the information provided is correct and said information herein may be used for the purposes of certifying the Business as a Minority Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the Minority Business Development office any such materials that may be required to substantiate the degree of minority ownership and control of the Business. I agree to arrange for on-site inspections of the Business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the Business to the Minority Business Development office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the Business.

I understand that the certification expiration is December 31 of the year following the initial date of certification and each December 31 thereafter until such time as the Business is decertified. I further understand that the Business must annually apply for recertification prior to expiration.

This application seeks private and confidential information, including financial, personally identifiable and other proprietary information not generally known to the public. Except as otherwise required by court order, legal process, or other applicable Federal or Wisconsin law including, without limitation, the Wisconsin Open Records Law, ss. 19.31-19.39, Wis. Stats., the Department shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any non-governmental person or entity without the express written consent of the applicant.

Signature of the President or CEO of Corporation, the Proprietor (if different than President) and all Partners

Type or Print Name of Owner, Officer or Partner

Signature of Owner Officer or Partner

Date (YYMMDD)

Title

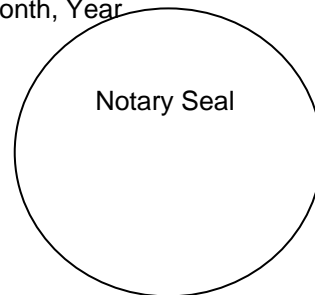
Subscribed and sworn to before me this _____ day of _____ a. d.
Month, Year

Signed _____
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____

My Commission Expires _____



Women-Owned Business Enterprise Certification Affidavit

Hereafter, "the Business" refers to

_____.
Business Name

The undersigned swears that the foregoing statements are true and correct and include all materials and information necessary to identify and explain the operations (name of firm) of _____ as well as the ownership thereof. The firm also affirms that the female interest(s) in certification have majority control of the daily business operations.

Omission of information may cause this application to not receive timely and complete consideration. Further, the undersigned agrees to allow the Department of Commerce representative access to and the right to a site visit of the applicant's place of business. Department of Commerce reserves the right to request further information from the applicant prior to certification. The undersigned also agrees to immediately notify the Department of Commerce of all facts that would result in a failure to satisfy the requirements contained in the guidelines. All materials submitted with this package shall become the property of the Department of Commerce. If the Department of Commerce discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.

This application seeks private and other confidential information, including financial, personally identifiable, and other proprietary information not generally known to the public. Except as otherwise required by court order, legal process, or other applicable Federal or Wisconsin law including, without limitation, the Wisconsin Open Records Law, ss. 19.31-19.39, Wis. Stats., the Department shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any non-governmental person or entity without the express written consent of the applicant.

Signature of the President or CEO of Corporation, the Proprietor (if different than President) and all Partners

Type or Print Name of Owner, Officer or Partner

Signature of Owner Officer or Partner

Date (YYMMDD)

Title

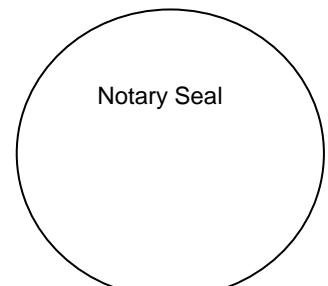
Subscribed and sworn to before me this _____ day of _____ a. d.
Month, Year

Signed _____
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____

My Commission Expires _____



Wisconsin Minority-Owned or Women-Owned Business Certified by Another Wisconsin Public Agency Certification Affidavit

Hereafter, "the Business" refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority or women ownership status of the Business and do herein certify under penalties imposed by Wisconsin Statutes that the information provided is correct and said information herein may be used for the purposes of certifying the Business as a Minority or Women-Owned Business Enterprise.

I agree to provide written information relative to any future changes in ownership and/or management of the Business to the Minority Business Development office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation may result in the decertification of the Business. I acknowledge that I am familiar with the applicable provisions of the relevant certification for which I seek certification: Comm. 104 for WBE or Comm. 105 for MBE. I understand that minority business enterprise (MBE) or women-owned business enterprise (WBE) certification is concurrent with the certification of the business by the agency described above.

This application seeks private and other confidential information, including financial, personally identifiable, and other proprietary information not generally known to the public. Except as otherwise required by court order, legal process, or other applicable Federal or Wisconsin law including, without limitation, the Wisconsin Open Records Law, ss. 19.31-19.39, Wis. Stats., the Department shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any non-governmental person or entity without the express written consent of the applicant.

I authorize the Department of Commerce to make inquiries as necessary to verify the accuracy of the statements made to determine my minority or women ownership status.

Signature of the President or CEO of Corporation, the Proprietor (if different than President) and all Partners

Type or Print Name of Owner, Officer or Partner

Signature of Owner Officer or Partner

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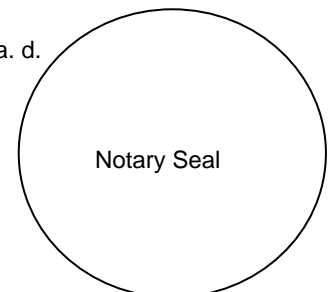
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Subscribed and sworn to before me this _____ day of _____ a. d.
Month, Year

Signed _____
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____ My Commission Expires _____



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