



**Minority/Woman Business Enterprise  
(M/WBE)**

**REGISTRY APPLICATION**

**OFFICE OF ECONOMIC OPPORTUNITY (OEO)**

ONE PARKWAY BUILDING  
1515 ARCH STREET, 12<sup>TH</sup> FLOOR  
PHILADELPHIA, PA 19102  
(215)683-2077, (215)683-2085 FAX

<b>1. BUSINESS NAME:</b>			<b>2. BUSINESS PRIVILEGE LICENSE NO.:</b>		
<b>3. BUSINESS ADDRESS: (REQUIRED)</b>			<b>4. BUSINESS TELEPHONE NO.:</b>		
<b>5. CITY:</b>		<b>6. STATE:</b>		<b>7. ZIP CODE:</b>	
<b>9. MAILING ADDRESS: (If Different from Business)</b>			<b>10. HOME TELEPHONE NO.:</b>		
<b>11. CITY:</b>		<b>12. STATE:</b>		<b>13. ZIP CODE:</b>	
<b>14. MOBILE PHONE NO.:</b>			<b>15. BUSINESS OWNER(S): (Name &amp; Title)</b>		
<b>16. BUSINESS CONTACT PERSON: (Name &amp; Title)</b>			<b>17. PRIMARY PRODUCT OR SERVICE:</b>		
<b>18. BUSINESS WEB ADDRESS:</b>			<b>19. E-MAIL ADDRESS:</b>		
<b>20. DATE BUSINESS ESTABLISHED:</b>		<b>21. FEDERAL TAX ID NO.: (If no Federal ID No. – Soc. Sec. NO.)</b>			
<b>22. MINORITY STATUS: (Check one box)</b>					
<input type="checkbox"/> AFRICAN AMERICAN FEMALE		<input type="checkbox"/> ASIAN MALE		<input type="checkbox"/> HISPANIC MALE	
<input type="checkbox"/> AFRICAN AMERICAN MALE		<input type="checkbox"/> CAUCASIAN FEMALE		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER FEMALE	
<input type="checkbox"/> ASIAN FEMALE		<input type="checkbox"/> HISPANIC FEMALE		<input type="checkbox"/> NATIVE FEMALE	
				<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER MALE	
<b>23. INDICATE MARKET SECTOR SERVED:</b>					
<input type="checkbox"/> NON-PROFIT		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> PUBLIC	
				<input type="checkbox"/> ALL	
<b>24. BUSINESS STRUCTURE:</b>					
<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> LIMITED LIABILITY COMPANY	
				<input type="checkbox"/> PARTNERSHIP	
<b>25. BUSINESS CERTIFICATION STATUS: (One or More Designations May Apply)</b>					
<input type="checkbox"/> MINORITY BUSINESS ENTERPRISE (MBE)			<input type="checkbox"/> WOMAN BUSINESS ENTERPRISE (WBE)		
<b>26. CITIZENSHIP STATUS:</b>		<b>27. HIGHEST GROSS SALES WITHIN THE LAST 3 YEARS:</b>		<b>28. NUMBER OF EMPLOYEES:</b>	
<input type="checkbox"/> US CITIZEN		\$ _____		_____	
<input type="checkbox"/> LAWFUL PERMANENT RESIDENT					
<b>29. LARGEST CONTRACT HELD:</b>		<b>30. COMPANY BONDING CAPACITY:</b>		<b>31. CERTIFYING AGENCY NAME:</b>	
\$ _____		\$ _____		_____	

**IV. REGISTRY APPLICATION**

32. CERTIFICATION DATE:

\_\_\_\_\_

33. EXPIRATION/ASSESSMENT DATE:

\_\_\_\_\_

Applicant represents that it is a sole practitioner and will perform as such on any City contract awarded to it or in which it participates as an MBE, WBE. Applicant hereby verifies that all information contained in this application is true and correct; any material omission or submission of false information is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities. Applicant further acknowledges that it is a felony in the third degree under 18 Pa.C.S. Section 4107.2 if, in the course of performing on a City contract, it fraudulently obtains public moneys reserved for or allocated or available to minority business enterprises or women business enterprises.

A false or misleading statement or material omission made in connection with this application is sufficient cause for denial or removal of OEO registration and may result in the initiation of City Suspension and Debarment proceedings. The following are additional grounds for removal of OEO registration:

- The business has changed to the extent that the business is no longer beneficially owned and controlled by minority persons, women or disabled persons;
- An indictment or conviction of the owner(s) or business for a criminal offense related to obtaining, attempting to obtain or performing a public or private contract;
- Evidence that the business lacks business integrity and honesty. Such evidence may include initiation or completion of debarment proceedings against the business by a government agency;
- The business has had its eligibility as an MBE, WBE revoked by another government certifying program.

I understand and recognize that the information submitted in this application is for the purposes of being identified in the OFFICE of ECONOMIC OPPORTUNITY REGISTRY and having my participation counted as an MBE, WBE in City and City related contracts. I understand that OEO may, by means it deems appropriate, determine the accuracy and truth of the statements in this application. I authorize OEO or its designee(s) to contact, without limitation, any entity, individual, contractor(s), and client(s) for the purpose of verifying the information submitted and determining my eligibility for the OEO Registry.

I further agree as an on-going obligation, to fully cooperate with OEO and provide upon request, all information necessary to assist OEO in assessing the continuing validity of my firm's status as a bona fide MBE, WBE and in determining the commercial usefulness of my services/supply effort as an MBE, WBE on City contracts.

I \_\_\_\_\_ (Full Name Printed), Affirm under Penalty of Law that I am \_\_\_\_\_ (Title) of Applicant Firm

\_\_\_\_\_  
(Firm Name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete.

Executed on: \_\_\_\_\_

Date

Signature: \_\_\_\_\_

[Owner, President, Member, Partner, Majority Owner(s)]

**NOTE: Please attach Certification letter with NAICS OR SIC CODES.**