



MMSD SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

All businesses must meet the following certification requirements:

1. The business shall be registered as a vendor with the District online at <https://mmsd.diversitycompliance.com/FrontEnd/StartVendor.asp> ***NO SBE APPLICATIONS WILL BE PROCESSED UNTIL THIS STEP HAS BEEN COMPLETED.***
2. The business shall be a U.S. based business which is independently owned, operated and controlled and is not dominant in its field of operation, or an affiliate or subsidiary of a business dominant in its field of operation.
3. The business shall not be owned, operated and controlled by individuals or groups of individuals, who own, operate and control a large business involved in the same category of work for which SBE certification status is sought.
4. The owner shall control the day-to-day critical operations of the firm.
5. The owner, or owners, shall be citizens or permanent, legal residents of the United States.
6. The business must have gross sales of \$2.5 million or less for the most recent calendar or fiscal year.

In order to process your MMSD SBE Certification one of the following must be attached to prove gross sales of \$2.5 million or less.

1. Business or Personal tax returns for the most recent year.
2. A notarized letter from an independent CPA/Bookkeeping Firm stating the gross sales receipt of the most recent financial year.
3. An audited financial statement prepared by an independent CPA/Bookkeeping Firm.
4. For companies that have been in business for less than one year, proof of legal standing as a business, such as, articles of incorporation/partnership/sole proprietor/LLC/other may be provided in lieu of financial information.

Additional information may be requested throughout the process if necessary to verify certification eligibility.

MMSD SBE Certification is valid for two years. Firms wishing to recertify must submit a new application and financials (option 4 is not acceptable).

**Milwaukee Metropolitan Sewerage District
Small/Women/Minority-Owned
Business Enterprise Program**

**Phone: 414.272.5100
www.mmsd.com**



COMPANY INFORMATION

Note: All information herein is subject to Wisconsin open records law. All data or information, which is considered CONFIDENTIAL, PROPRIETARY, OR TRADE SECRETS, should be specifically indicated as such.

All fields must be completed; failure to complete will delay the certification process.

Company Name:

Primary Contact:	Title:
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Phone: ()	Fax: ()	Email:
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Address (P.O. Box Not Acceptable):

City:	County:	State:	Zip:
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Mailing Address (P.O. Box Acceptable):
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City:	County:	State:	Zip:
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Federal Tax ID:	Social Security (If no Federal Tax Id):
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Date Business Established:	Number of Employees:
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Legal Structure of Business (Check One):

Sole Proprietorship Partnership Corporation LLC Other (Describe)

Business Category(s) (Check All That Apply):

Construction Engineering Professional General Services

Commodity Non-profit/Gov. Other

Brief Business Description:



INDIVIDUAL OWNER(S) INFORMATION

Please provide the following information for all owners. (If additional space is required for ownership attach additional sheets in the same format)

Owner's Name & Title:

Phone: () Fax: () Email:

Address:

City: County: State: Zip:

Race/Ethnic Group Identity (Check One):

African American

Native American

Caucasian

Asian American

Hispanic American

Gender (Check One): Male Female

% of Ownership:

OWNER #2

Owner's Name & Title:

Phone: () Fax: () Email:

Address:

City: County: State: Zip:

Race/Ethnic Group Identity (Check One):

African American

Native American

Caucasian

Asian American

Hispanic American

Gender (Check One): Male Female

% of Ownership:



AFFIDAVIT

The Milwaukee Metropolitan Sewerage District reserves the right to reject and disqualify any application that does not meet the requirements for the Small Business Enterprise (SBE) Certification.

Any person, firm or corporation knowingly providing misleading or fraudulent information shall be prosecuted to the fullest extent available to the District.

I, _____
Print Name of Authorized Official/Firm Representative Title

Swear that _____
Print Business Name

is a small business as defined above and that all statements are true and correct. Furthermore, upon request, I agree to provide any and all additional evidence as required by MMSD staff within fifteen (15) working days after receipt of such request.

Signature of Applicant

Date

Subscribed and sworn to me this _____ day of _____, 20_____

Notary Public Signature: _____

My Commission expires: _____

[Notary Seal]