



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/StartRegistry.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 shall meet the size standards of the United States Small Business Administration (SBA) based on NAICS code(s).
Note: Businesses can use the SBA size standards tool (<https://www.sba.gov/size-standards>) to determine if they meet the size standards for their industry.

In order to process your MMSD SBE Certification, the following items must be submitted:

1. Completed MMSD SBE Certification Application
2. Signed and notarized Affidavit (page 3 of the application)
3. Business tax returns for the past three years
Note: 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 tax returns.

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

All certification materials should be submitted via e-mail to swmbe@mmsd.com or mailed or hand-delivered to Milwaukee Metropolitan Sewerage District, SWMBE Program, 260 W. Seeboth Street, Milwaukee, WI 53204.

MMSD SBE Certification is valid for three years. Firms wishing to renew their certification must submit a new application and business tax returns for the past three years.



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

COMPANY INFORMATION

Company Name: _____

Primary Contact: _____ Title: _____

Phone: _____ E-mail: _____

Address: *(P.O. Box Not Acceptable)* _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: *(P.O. Box Acceptable)* _____

City: _____ County: _____ State: _____ Zip: _____

Federal Tax ID: _____ Date Business Established: _____ Number of Employees: _____

Legal Structure of Business (Check One):	Business Categories (Check All That Apply):
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	<input type="checkbox"/> Commodity <input type="checkbox"/> Construction <input type="checkbox"/> Engineering <input type="checkbox"/> General Services <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional <input type="checkbox"/> Other _____

Brief Business Description:

Enter the NAICS Code(s) that best represent the products and/or services provided by your business.
To determine your company's NAICS code(s), visit <https://www.naics.com/search/>

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OWNERSHIP INFORMATION

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

OWNER #1

Owner's Name & Title: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gender: Male Female
Race/Ethnic Group Identity: African American Asian American Caucasian Hispanic American Native American Other _____

Percent of Ownership: _____

OWNER #2

Owner's Name & Title: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gender: Male Female
Race/Ethnic Group Identity: African American Asian American Caucasian Hispanic American Native American Other _____

Percent 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]