

Disadvantaged Business Enterprise (DBE)
Minority Business Enterprise (MBE)
Small Business Administration (SBA)
Women's Business Enterprise (WBE)
Contact Information Sheet

Business Name _____

Contact Person's Name/Title _____

Address _____

Email address _____ Website address _____

Phone Number (_____) _____ Fax Number (_____) _____

Cell Number (_____) _____

Is your corporate office located in Ohio? __ YES __ NO

If not, please provide corporate office address:

Business Type Sole Proprietorship Partnership Corporation LLC
LLP Joint Venture between: _____

Date Established _____ Number of Regular Employees _____

Minority Group _____ % Min. Owned _____

Is your business registered/certified with the Ohio Unified Certification Program? _____

Which of the following certifications do you have? DBE WBE MBE SBA

SIC Code(s) – (if any) _____

What are your trade specialties, service(s) provided and/or product(s) supplied/produced?
