



CITY BASED BUSINESS BRIDGEPORT BUSINESS LOCATION VERIFICATION



PART I: BUSINESS OWNER AND BUSINESS INFORMATION

DATE _____

*1. Client Name (Last, First, MI) or Business Owners Designee		*2. Email:	
*3. Name of Business:		*4. Business Phone:	
*5. Street Address (business address)	*6. City:	*7. State:	*8. Zip:

PART II: Type of Business

***9.** (Choose Primary Business Category)

- | | | | | |
|--------------------------------------|---|--|---|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Roofing | <input type="checkbox"/> Site Work | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Health Care & Social Assistance |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Utilities | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Accommodation & Food Services |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Information | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Arts, Entertainment & Recreation |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Welding | <input type="checkbox"/> Retail Dealer | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Transportation & Warehousing |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> General contractor | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate & Rental & Leasing | <input type="checkbox"/> Professional, Scientific & Technical Services |
| <input type="checkbox"/> Other _____ | | | | |

Please provide a general description of the goods and/or services that your business provides:

PART III: Is your business certified as any of the following? YES NO

***10.**

- MBE WBE SBE

If 'YES', please provide a copy of the certification

PART IV: Please provide two of the following documents to prove city based business

***11.** Please check the box of each document provided (2 or more documents required):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Business utility bill | <input type="checkbox"/> Business telephone bill | <input type="checkbox"/> Past year's Business tax return | <input type="checkbox"/> Connecticut Secretary of State C.O.N.C.O.R.D. |
| <input type="checkbox"/> Copy of business mortgage statement or business location lease agreement <input type="checkbox"/> Business/personal property tax bill <input type="checkbox"/> Other _____ | | | |

I certify and affirm:

- The principals and/or the management operate the business from the above-stated address;
- The business' books and records are maintained at the above-stated address; and
- I understand that final approval and continued validation may be subject to an interview and/or onsite visit;
- All information provided as part of this application is true and correct to the best of my knowledge.

Printed Name

Title

Signature

Date

OFFICE USE ONLY

FOR INTERNAL USE ONLY
FORM OF IDENTIFICATION
1. _____
2. _____

Small & Minority Business Enterprise has confirmed this business is a city based business.

YES **NO**

Type of Contact: Face to Face Online Telephone **Primary Counselor:** _____

Signature of SMBE Director or Program Manager

Validation Date

Expiration Date

THIS CERTIFICATE IS VALID FOR TWO (2) YEARS FROM THE DATE OF VALIDATION.

****Please Notify the SMBE Office if any changes occur with your City Based Business to update CBB status**