

## SECTION 3 BUSINESS CONCERN APPLICATION

Business Name: \_\_\_\_\_

D.B.A. (if different from above): \_\_\_\_\_

Address:	City:	State/Zip:
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Business Phone: (    ) (    )	FAX: (    ) (    )
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Email:	Business Website:
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Federal Employer Identification Number:	Owners Social Security Number (if no EIN):
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Contact Person & Title:	Contact Phone:
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Trade Description:

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Heating (HVAC)	<input type="checkbox"/> Electrical
<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry Restoration	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Lead
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Concrete	Abatement
<input type="checkbox"/> Carpet/Flooring	<input type="checkbox"/> Rubbish Removal/Hauling	<input type="checkbox"/> Ironwork
<input type="checkbox"/> Appraisal Services	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Demolition

Other: \_\_\_\_\_

Date of Business was established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Type of Business Entity (check one):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Corporation (LLC)		<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Limited Liability Partnership (LLP)	Other(Describe): _____	

Number of employees: Full time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contract: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Section 3 employees: Full time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contract: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Has Business worked directly for a City of Sheboygan agency in the past?  YES  NO

Is Your Business certified by the State of Wisconsin Department of commerce?  YES  NO

If YES, check all that apply:  MBE  WBE  Other: \_\_\_\_\_

### SECTION 3 BUSINESS CONCERN

Resident Business Owner(s)

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Check the appropriate box for your family size and income (March 2012):

Check Box	# of Persons Household	Gross Household Income Max.
<input type="checkbox"/>	1 Person	\$39,550
<input type="checkbox"/>	2 Persons	\$45,200
<input type="checkbox"/>	3 Persons	\$50,850
<input type="checkbox"/>	4 Persons	\$56,500
<input type="checkbox"/>	5 Persons	\$61,050
<input type="checkbox"/>	6 Persons	\$65,550
<input type="checkbox"/>	7 Persons	\$70,100
<input type="checkbox"/>	8 Persons	\$74,600

I certify that I am a resident of the City of Sheboygan. My total Household Income (THI) last year was less than the amount shown above for my family size.

*If the business is owned by more than one (1) Section 3 resident, each should submit a separate Resident Business Owner Verification Form. List each owner below:*

I certify that the Section 3 residents listed below own at least 51% of the business.

NAME	Position	Percentage of Ownership

I certify that the information provided is true and accurate.

<b>Print Name:</b> _____	<b>Date:</b> _____
<b>Signature:</b> _____	

## SECTION 3 BUSINESS CONCERN

### 30%+Workforce

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents of the City of Sheboygan, or were Section 3 residents within three (3) years of the date of first employment with the business.

For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for all permanent full time (FT) employees.

Copy this form if necessary.

<u>LIST NAME &amp; ADDRESS FOR ALL EMPLOYEES</u>	<u>DATE HIRED</u> (MM/DD/YYYY)	<u>CHECK IF SECTION 3 RESIDENT*</u>	<u>JOB TITLE/TRADE</u>
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
<b>Total Number of Employees:</b>			
<b>Number of Section 3 Residents:</b>			
<b>Percentage of Total Workforce:</b>			

\*Refer to the Household Size & Income Chart on Resident business Owner's page.

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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