

# CITY BASED BUSINESS

BRIDGEPORT BUSINESS LOCATION VERIFICATION

# FORM



Name of Business:

## REGISTRATION FORM PART 1

Client Name (Last, First, MI) or Business Owners Designee:

Date of Application :          
 M M D D Y Y Y Y

Business Phone Number:

Email:

Street Address:

City:

State:

Zip:

Ethnicity: (Mark one or more)  
 Asian  Black/African American  Hispanic  Native American/Alaskan  White  Other

## TYPE OF BUSINESS PART 2

Choose Primary Business Category:

- |                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|
| <input type="checkbox"/> Masonry     | <input type="checkbox"/> Roofing         | <input type="checkbox"/> Site Work       | <input type="checkbox"/> Finance/Insurance     | <input type="checkbox"/> Health Care & Social Assistance             |
| <input type="checkbox"/> Carpentry   | <input type="checkbox"/> Asphalt         | <input type="checkbox"/> Utilities       | <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> 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          | <input type="checkbox"/> Educational Services  | <input type="checkbox"/> Transportation                              |
| <input type="checkbox"/> HVAC        | <input type="checkbox"/> Gen. Contractor | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Real Estate           | <input type="checkbox"/> Professional, Scientific & Tech. Assistance |
| <input type="checkbox"/> Hair/Beauty | <input type="checkbox"/> Boutique        | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Printing/Advertising  |  |
| <input type="checkbox"/> Other       | <input type="text"/>                     |  |  |  |

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

## BUSINESS CERTIFICATION PART 3

Is your Business Certified as any of the following?  Yes  No

MBE  WBE  SBE

## PLEASE PROVIDE TWO OF THE FOLLOWING DOCUMENTS TO VALIDATE YOUR CITY BASED BUSINESS PART 4

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Business Utility Bill   | <input type="checkbox"/> Business Phone Bill        | <input type="checkbox"/> Past year's Business Tax Return | <input type="checkbox"/> Certificate of Organization |
| <input type="checkbox"/> Business Bank Statement | <input type="checkbox"/> Business Property Tax Bill | <input type="checkbox"/> Other                           | <input type="text"/>                                 |

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I Certify and affirm:

- The principals and/or the management operate the business from the above stated address.
- The business's books and records are maintained at the above address.
- I understand that final approval and continued validation may be subject to an interview and/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

**THIS CERTIFICATION 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 SO THAT WE CAN UPDATE CBB STATUS.**

\_\_\_\_\_  
Primary Counselor

\_\_\_\_\_  
Signature of SMBE Director or Program Manager

\_\_\_\_\_  
Validation Date

\_\_\_\_\_  
Expiration Date