



Our business... is growing yours!

Lilia Snyder
Program Manager

CITY OF NEW HAVEN
SMALL CONTRACTOR DEVELOPMENT
165 Church Street, 6th Floor
New Haven, CT 06510
Phone: 203-946-6550
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Michael Piscitelli
Economic Development
Administrator

APPLICATION FOR REGISTRATION

Please complete this application in its entirety and provide all requested information and supporting documentation to this office. Failure to do so may result in a delay or rejection of your application.

I. CONTACT INFORMATION:

1) Complete Legal Name of Business: _____

Federal Employer Identification Number ("FEIN"): _____
(Or Social Security Number ("SSN") if no FEIN)

2) Street Address: _____
(P.O. Box only will not be accepted)

Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Town: _____ State: _____ Zip Code: _____

3) Telephone: _____ Fax: _____

E-Mail: _____

Company Website: _____

4) Principal or owner: _____

Office Contact (if different): _____ Tel: _____

5) Brief description of services your company provides. Please be as specific as possible:

II. CERTIFICATION TYPE:

A small business enterprise ("SBE") is defined as any company that has:

- Has been doing business an independent, operating business under the same ownership and management for a period of at least one year immediately prior to the date of application;
- Has maintained its principal place of business in the New Haven Market Area for a period of at least one year immediately prior to the date of application;
- Gross revenues not exceeding \$3,000,000 during its most recent calendar year; and,
- At least 51% of the ownership is held by a person or persons who exercises the operational authority over the daily affairs of the business, and who have the power to direct the management, policies and receives beneficial interests of the business.

6) Does your firm meet the definition of an SBE? Yes: _____ No: _____

**If the answer to this question is NO,
your company is not currently eligible for certification.**

A minority business enterprise (MBE) is defined as:

- A small business enterprise (must meet the SBE criteria above) with at least 51% ownership by one or more minority person(s) who exercise operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business;
- Possess managerial and technical competence and experience directly related to the principal business activities of the enterprise;
- Who are members of a minority group that has been identified as a result of a utilization study as being underutilized for construction and construction related work and further defined by City of New Haven Code of Ordinances, Section 12-1/4, as person(s) who are African American, Hispanic, or a woman owned business.

7) Does your firm meet the definition of a MBE? Yes: _____ No: _____

8) If your company is applying for registration of your business enterprise as minority-owned or woman-owned please select one or more of the following categories:

What percentage of the company's ownership is...

Female? _____%

African American? _____%

Hispanic American? _____%

III. BUSINESS TYPE:

10) Date business was first established under the current ownership: ____/____/____
(Company must have been in business for at least one year prior to application)

11) Type of Business (Check only one):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | Date Established: ____/____/____ |
| <input type="checkbox"/> General Partnership | Date of Partnership: ____/____/____ |
| <input type="checkbox"/> Limited Liability Partnership | Date of Partnership: ____/____/____ |
| <input type="checkbox"/> Corporation | Date of Incorporation: ____/____/____ |
| <input type="checkbox"/> Limited Liability Company (LLC) | Date of LLC: ____/____/____ |

12) Over the last two years what percent of work was commercial? _____

13) Indicate the dollar amount of largest project your company has had in the past two years: \$ _____

14) Please list the licenses held and attach copies of all current licenses:

<u>Type of License</u>	<u>Expiration Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

15) Number of full-time employees (not hired for individual jobs): _____

16) Indicate if your company is: Union _____ or Non-Union _____

17) Total Gross Receipts (or estimated) for the most recently completed calendar year:
\$ _____

(This figure must agree with the submitted Federal Tax Return or Accountant's Letter)

18) Indicate your company's bonding capacity (if available) or amount indicated on a letter of credit:

\$ _____

IV. OWNERSHIP & FINANCIAL INFORMATION:

19) Identify the Principal(s) and/or Officer(s) of the applying company:

<u>Name(s) of Present Principals</u>	<u>Titles</u>	<u>% Ownership</u>

20) Does any owner (or the company itself) have an ownership interest in any other business enterprise? Yes: _____ No: _____

Please check "Yes" if any owner of the applying company has 20% or more interest in any other business enterprise.

If yes:

(a) Specify the name of each affiliate company and the percentage of the ownership interest (for the company or the individual) in each company:

<u>Company Name</u>	<u>Owner</u>	<u>Percentage</u>

(b) Provide detailed descriptions of any and all involvement in each company:

(c) Submit a Federal Tax Return for each affiliate company. (To be eligible as a SBE, the combined total gross receipts for all companies **cannot** exceed \$3,000,000.)

V. MOST RECENT FOUR JOBS:

Please describe the **last four (4) jobs** your company has completed (with the City of New Haven or otherwise) and return with your application. Thank you.

Your Company's Name _____

Today's Date _____

1. Project Name AND Owner: _____

Were you Prime or Sub? _____ Your Contract Value: _____

If sub, who was the prime? _____

Date & Location of Contract: _____

Scope of Your Work: _____

2. Project Name AND Owner: _____

Were you Prime or Sub? _____ Your Contract Value: _____

If sub, who was the prime? _____

Date & Location of Contract: _____

Scope of Your Work: _____

3. Project Name AND Owner: _____

Were you Prime or Sub? _____ Your Contract Value: _____

If sub, who was the prime? _____

Date & Location of Contract: _____

Scope of Your Work: _____

4. Project Name AND Owner: _____

Were you Prime or Sub? _____ Your Contract Value: _____

If sub, who was the prime? _____

Date & Location of Contract: _____

Scope of Your Work: _____

Please mark your major services by putting a 1, 2, 3 etc. in order of importance:

Services List Table
Services
Acoustical Ceilings
Alarm Systems
Aluminum Installation
Architect
Asbestos Abatement
Asbestos Consultant
Asbestos Inspection
Asphalt
Assembly of Furniture & Appliance
Audio-Visual Installation
Automatic Doors
Brick / Stone
Bridge & Road Work
Cabinets (Design or Installation)
Carpentry
Carpet
Casework
Catch Basin Cleaning
Caulking
Cement
Ceramic Tile
Cleaning Service
Commercial Construction
Concrete
Deconstruction
Decorating

Services List Table
Services
Demolition
Division 10
Drainage
Drilling
Drywall
Duct Equipment
Duct Work
Dumping
Electrical
Energy Audits
Environmental
EPM
Excavation
Fencing
Fiber Optic Cabling
Fire Alarm
Fire Sprinkler System
Fireproofing
Firewall
Flooring
Foundations
Framing
General Construction
General Contractor
Glass, Glazing & Windows
Guard Service
Gutters
Hauling
Hazardous Waste Mgt
Heating & Cooling

Services List Table
Services
Heavy Equipment
Highway Barriers
Home Improvement
HVAC
HVAC Balancing
Inspection Services
Insulation
Interior Design
Iron Works
Janitorial
Kitchen & Bathrooms
Land Clearing
Landscaping
Lawn Maintenance
Lead Abatement
Lead Inspector
Lighting
Lock & Safe Contractor
Locksmith
Marine Generators
Marine Service
Masonry
Mechanical Testing
Metal Fabricator
Millwork
Network Installation
OSHA Certification
Painting
Paperhanging

Services List Table
Services
Paving
Photography Construction
Pipe Installation
Piping
Plumbing
Portable Toilets
Property Management
Real Estate
Rebar
Recycling - Refuse
Refrigeration Equipment
Rehabilitation
Remodeling
Restoration
Roofing
Sanding
Scaffolding
Scrap Metal
Security System
Sewer & Septic
Sheet Metal
Sheet Rock
Shotblasting
Sidewalks & Curbs
Siding
Signage
Site Clean Up
Snow & Ice Removal
Solar Hot Water Installation
Solar Tech & Installations

Services List Table
Services
Steel Lockers
Structural Steel
Sub-Surface Investigation
Taping
Telecommunications
Thermal Imaging

Services List Table
Services
Tiling (Commercial)
Toilet & Fixtures Installation
Trash Hauling
Tree Services
Trenching
Trucking

Services List Table
Services
Underwater Inspections
Utilities
Wallpaper
Waste Management
Waterproofing
Welding

Services List Table
Services
Window Blinds
Window Treatments
Wiring
Woodwork
Yard Work

VI. OATH TO BE COMPLETED AND SIGNED BY APPLICANT:

OATH

I, _____ (*Principle's Name*), affirm to the best of my knowledge that the forgoing statements are true and correct, including all material information and documentation attached to this application and necessary to identify and explain the operations of (*Name of Company*) _____ and the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files, to notify the Small Contractor Development Program of any significant change in the status of the business operation or management, and to permit on site visits as may be required. It is understood and agreed that the Small Contractor Development Program shall rescind the certificate of registration if false information is provided or misrepresentations are made in connection with this Application for Certification and that the Small Contractor Development Program shall report such action to the appropriate state authority and to the Office of the Connecticut Attorney General. I understand that a civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed against the Company if it is found to have provided false or misleading information.

Signature of Principle/Owner

Printed Name

Title

State of Connecticut)

) **ss: New Haven** _____
(Date)

County of New Haven

Personally, appeared _____ and made oath to the truth of the matters contained in this Application for Certification.

Signature

Printed Name

Notary Public *or*
Commissioner of Superior Court

Seal may be placed here

APPLICATION CHECKLIST: PART A

Please complete all five sections of this application to the best of your ability. If you have questions about how to fill it out, please call 203-946-8577.

Please provide this office with copies of the documents listed below, depending on your business structure:

Limited Liability Corporation

- Articles of Organization
- Operating Agreement

Corporation

- Certificate of Incorporation
- For more information contact the Secretary of State's Office at 860-509-6003
- Organization and First Annual Report
- For more information contact the Secretary of State's Office at 860-509-6003
- Complete by-laws
- Minutes of most recent Board Meeting
- All executed stock certificates

Sole Proprietorship

- Trade Name Certificate (from Town Clerk's Office)
- Section 35-1 of the Connecticut General Statutes says that this is required for any company with a name OTHER THAN the owner's name.

General Liability Partnership

- Partnership Agreement
- Trade Name Certificate (from Town Clerk's Office)
- Section 35-1 of the Connecticut General Statutes says that this is required for any company with a name OTHER THAN the owner's name.

Limited Liability Partnership

- Certificate of Limited Liability Partnership
- For more information contact the Secretary of State's Office at 860-509-6003
- Most recent Annual Report filed with the Secretary of State
- For more information contact the Secretary of State's Office at 860-509-6003

APPLICATION CHECKLIST: PART B

Please enclose the following items with your application packet (regardless of business structure):

- Copy of your company's complete (entire) 2019 Federal Tax Return
 - If your return is not yet available, we will accept a statement on your accountant's letterhead with your estimated gross receipts. A copy of the tax return must then be provided once it is available

- Copies of any current trade/occupational licenses, if applicable
 - For more information contact the Department of Consumer Protection at 800-842-2649

- Copy of Sales & Use Tax Permit
 - For more information contact the Department of Revenue Services at 800-382-9463

- Copy of your most recent annual report from the Office of the Secretary of the State
 - For more information contact the Secretary of State's Office at 860-509-6003 or visit <http://www.concord-sots.ct.gov/CONCORD/>

- Copy of owner's driver's license

- Copy of vehicle registration

- Notarized Oath (Page 7 of the application)

- Complete Form W-9 (Request for Taxpayer Identification Number and Certification)

- Federal Tax Return for each affiliate company, if applicable (see page 4 for a definition)

MAILING INSTRUCTIONS:

Please mail application and all supporting documentation to:

**Small Contractor Development Program
165 Church Street, 6th Floor
New Haven, CT 06510
Fax: 203-946-7808
Email: AKongBrown@newhavenct.gov**