

**WASHINGTON SUBURBAN SANITARY COMMISSION (WSSC)
SMALL, LOCAL BUSINESS ENTERPRISE (SLBE)
REGISTRATION APPLICATION (R)**

The Small, Local Business Enterprise Program was established to assist small businesses located in Montgomery and Prince George’s Counties. A business enterprise may qualify as a local small business for purposes of the program without regard to the race, ethnicity, or gender of the participants in the business enterprise. Your firm must meet all of the following eligibility criteria: (1-5)

1. An independently owned and operated business concern;
2. Meets the following size standard eligibility requirements for Small Business Enterprises as defined under the State of Maryland regulations adopted by the Department of General Services pursuant to State Finance & Procurement Article §14-203:
 - a. Wholesale operations of the business did not employ more than 50 persons, and the gross sales of the business did not exceed an average of \$2,000,000 in its most recently completed 3 fiscal years;
 - b. The retail operations of the Business did not employ more than 25 persons, and the gross sales of the Business did not exceed an average of \$2,000,000 in its most recently completed 3 fiscal years.
 - c. Manufacturing operations of the business did not employ more than 100 persons, and the gross sales of the business did not exceed an average of \$2,000,000 in its most recently completed 3 fiscal years;
 - d. Service operations of the business did not employ more than 100 persons, and the gross sales of the business did not exceed an average of \$2 million in its most recently completed 3 fiscal years; and
 - e. Construction operations of the business did not employ more than 50 persons, and the gross sales of the business did not exceed an average of \$7,200,000 in its most recently completed 3 fiscal years.
 - f. If a business has not existed for 3 years, the employment and gross sales limits described above shall be applied based upon the annual averages over the course of the existence of the business.
3. A Principal Place of Business or Significant Employment Presence in Montgomery or Prince George's County;
4. The business has been established for at least one year or the principals of the business have at least three years of relevant experience prior to forming or joining the business and;
5. In the year preceding the date of certification application, the applicant has not received more than \$500,000 in contract awards in open competition from the WSSC.

After completing sections I and II, please verify your information with the checklist on page four. All vendors seeking to do business with the WSSC must register in our Centralized Bidder Registration (CBR) Database. To register, go to <http://www.cbr.wssc.com>.

Date: _____

Applications will NOT be considered unless registered in CBR

SECTION I: BUSINESS PROFILE

1. Name of Business: _____

2. Principal Business Address: _____

City	State	Zip
Business Phone	Fax	Email Address

3. Mailing Address: Same As Principal Business Address? Yes _____ No _____

Mailing Address: _____

_____ City _____ State _____ Zip _____

4. Federal Tax Identification: _____

5. Maryland Department of Assessments and Taxation I.D. Number _____

6. Legal Structure (Please circle one):

- Corporation Limited Liability Corporation (LLC)
- Limited Liability Partnership Partnership
- Individual Proprietor Unknown (Please explain) _____

7. Principal type of Business Activity: i.e. construction, etc. (Check only one):

Please fill in NAICS code (If do not know, go to <http://www.census.gov/epcd/www/naics.html> or contact the SLMBE Office for assistance at 301-206-8800):

Primary NAICS code _____ Secondary NAICS code _____

_____ Architecture & Engineering _____ Goods & Services

_____ Construction _____ Professional Services

8. Please list specific products and/or services provided:

9. What is your industry? (Please circle one):

- Wholesale firm Retail firm Manufacturing firm
- Service operation Construction firm Other (Please define) _____

If identified as either a Wholesale firm, Retail firm, Manufacturing firm, Service Operation or Construction firm, how many employees do you currently employ? _____

Note Employment: Employment will be calculated on an employee "Full-Time Equivalent" (FTE) basis. Full time, part time, temporary or contractual employees, including employees of temporary help firms for subcontractors working for the business, will be counted against the applicable employment limitation.

10. What is the amount of your gross annual sales, before deducting expenses for the last three (3) fiscal years? (Note: If you have been in business less than three fiscal years, please provide the corresponding fiscal year's gross annual sales)

Fiscal Year	Gross Annual Sales
_____	\$ _____
_____	\$ _____
_____	\$ _____

Note Gross Sales: For a business that has been in operation long enough to file a Federal income tax statement, the annual average Gross Sales of the business will be calculated from the sales amounts contained on the tax forms(s). *Submit documentation in the form of a limited review prepared by a CPA or federal corporate tax returns.

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REGISTRATION APPLICATION (R) (continued)**

11. The year your business was established _____
12. The year the company was acquired by owner _____
13. Provide the total amount your firm received from the WSSC in contract awards in the last twelve months?

14. Have you and/or any of your business partners worked for the WSSC and/or have family members working for the WSSC within the past 12 months?
(Please circle one) YES or NO
If so, please explain:

15. List all partners and/or stakeholders in business—provide names and titles:

16. Does your business have any subsidiaries/affiliates, or are you a subsidiary, affiliate or franchise?
(Please circle one) Yes or No
If so, please explain:

SECTION II: PERSONAL INFORMATION

1. Name of Owner (s) _____

2. Owners Address:

City _____ State _____ Zip _____
3. Are you a U.S. citizen? (Please circle one) YES or NO

4. Provide Resident Expiration *(Required if not a U.S. citizen)*:
5. What percentage of ownership do you have in the applicant firm listed on the second page of this application form?
_____%
6. What is your authority level (i.e. President, CEO, Director, Shareholder and/or etc)?: _____
7. Please submit copies of your personal tax returns *(including all forms and schedules and W-2 forms)* for the year end immediately preceding the date of this application. Also include a signed copy of IRS 4506, "request for a copy or transcript of tax return." *(Copies may be obtained at the IRS website at www.IRS.gov.)*
8. Please submit a copy of your personal resume including education, training, and employment experience. *(new applicants only)*
9. Name of contact person _____

INSTRUCTIONS AND CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

SECTION I: BUSINESS PROFILE

- _____ Use the legal name of your business when completing form R. Do not use DBAs or trade names.
- _____ Use a business address where you may receive correspondence from or authorized by WSSC.
- _____ Proprietorships should be registered with the IRS and have an employer's ID number, separate from their social security number. Please provide your Maryland Department of Assessments and Taxation number and Federal Tax Identification number.
- _____ Check the proper form of business. Corporations and LLCs should be registered with the State of Maryland.
- _____ Select the proper type of business.
- _____ Provide a detailed description of the services you provide.
- _____ Understand the definition of employment and note the number of employees of your firm. (line 9)
- _____ Provide the amount of your gross revenue before deducting expenses. This number should agree with the total revenue amount on your tax return. Submit documentation in the form of a limited review prepared by a CPA or federal corporate tax returns for each fiscal year entered on line 10.
- _____ Note the actual time in business in years and months.
- _____ Note the amount of all contract awards from WSSC only for the past 12 months.

SECTION II: PERSONAL INFORMATION

- _____ Please provide the complete name(s) of the owner(s).
- _____ Please provide a complete address(es) for the owner(s) where mail from WSSC may be sent.
- _____ Please note the percentage ownership the owner has in the applicant firm.
- _____ Please submit your most recent personal tax return along with a completed copy of IRS form 4506-T.
- _____ Please submit a copy of your personal resume.

**Mail to: The Washington Suburban Sanitary Commission (WSSC)
Small, Local and Minority Business Enterprise Office (SLMBE)
14501 Sweitzer Lane
Laurel, MD. 20707**

**WASHINGTON SUBURBAN SANITARY COMMISSION (WSSC)
SMALL, LOCAL BUSINESS ENTERPRISE (SLBE)
REGISTRATION AFFIDAVIT (R-A)**

The Undersigned does hereby make the following Affidavit. I _____
Print Name

acknowledge that I am the _____ and an authorized agent of
Print Title

_____. I do solemnly declare and affirm, under the penalties of
Print Company Name

perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

Company Name

Signature

STATE OF MARYLAND, COUNTY OF _____, to wit:

I hereby certify that on this _____ day of _____, 20 _____, before
me, a Notary Public of the State of Maryland personally appeared _____
and made affirmation in due form of law that the matters and facts set forth in the Affidavit are true.

As witnessed, my hand and seal:

Notary Signature

Notary Name (Typed or Printed)

Notary Seal

My Commission expires: _____