



Golden Triangle Minority Business Council, Inc.

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GTMBC BOD Revised Approved as Revised 11/20/2017

“SDB Private Certifier- U. S. Small Business Administration '99-'01 & Certified Technical Assistant-'20

MEMBERSHIP APPLICATION (Revised-Eligible for HUB)

Please be sure to read carefully the list of required documents on the **GTMBC Check List** and include with your completed application and *non-refundable* processing fee.

1.- Company Name: _____

2.- Parent Company: _____

3.- Business Physical Address: _____

Mailing Address: _____

City : _____ State : _____ Zip Code : _____

E-mail : _____ Web Site: _____

4.- Phone : _____ Fax : _____

5.- Owner's Full Name: _____ Title : _____

6.- Nature of Business or Principal Line of Business (list all products and/or services your firm offers): _____

7.- NAICS Code Primary: _____ NAICS Code Secondary : _____

8.- Federal I.D.# or 9-digit EIN#: _____

9.- Legal Business Structure: _____ 10.- Business Type Check One Below & Check Veteran-Owned "Y" ___ "N" ___

- Sole Proprietorship
- Partnership
- Corporation
- Join Venture
- Limited Liability Corporation
- Limited Liability Partnership

- Architect/Engineer/Survey (05)
- Commodity Wholesale/Retail (07)
- Commodity Manufacturer (08)
- Heavy Construction (01)
- Building Construction (02)
- Special Trade Contractor (03)
- Other Services/Legal (06)
- Medical Services (09)
- Financial/Accountant (04)

11.-Geographic Market Capabilities (check all that apply): _____ :

- Local Regional National International

12.- **Date Company Established :** _____

13.- **Date Incorporate:** _____

14.- **Date you acquired majority ownership of the Company :** _____

15.- **Number of Currents Employees :** Full Time : _____ Part Time : _____

16.- **Business Reference:**

Company Name	Your Buyer or Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

17.- **Gross Revenue :** \$ _____ For Year : _____

18.- **Banking Reference :**

Name of the Bank: _____ Phone : _____

19.- **Business Insurance Coverage's :**

Coverage	Amount	Carrier
Workmen's Compensation	_____	_____
Comp. General Liability	_____	_____
Automobile Liability	_____	_____
Excess (Umbrella) Liability	_____	_____
Bonding	_____	_____

20.- **If license or permit is required to provide product or service, give information as follows:**

Name of License Holder	Type of License/Permit	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Ownership & Management: list the names of proprietors (self included), partners, officers, directors, stockholders, and any other persons who have any ownership interest in the business. Ethnic Origin Code: Asian Pacific Americans - AS; Black Americans - BL; Hispanic Americans - HI; Native Americans - AI; and American Woman - WO. Gender Codes: Female - "F"; and Male - "M".

<u>Name /Title</u>	<u>Ethnic Origin</u>	<u>Gender</u>	<u>% of Ownership</u>	<u># of Hours</u>	<u>U.S. Citizen</u>	<u>(SSN) Social Security Number</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

22. Identify those individuals who have day-to-day operations and policy decision-making responsibility for the company; may negotiate/sign financial contracts; may hire and fire personnel

For profit businesses (sole proprietorships, partnerships, corporations, limited partnerships/companies, joint ventures), where at least 51% of the assets and interest of all classes of stock and equitable securities are owned by one or more persons meeting the Minority criteria, and operated by who own it.

23. Has your business ever been denied certification as a Minority or Woman-Owned Business (M/WBE) or denied certification as a Disadvantaged Business Enterprise (DBE) by an organization? _____

24. Plant/Warehouse Information (if applicable)

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Manager: _____

Production Manager: _____ Quality Manager: _____

25. **Equipment Information** (if applicable)

Equipment Type : _____

Equipment Type : _____

Owned or Lease (Check One)

Owned or Lease (Check One)

Owned Leased

Owned Leased

Quantity (In this type of Equipment) : _____

Quantity (In this type of Equipment) : _____

Size : _____

Size : _____

Limitations : _____

Limitations : _____

26. **Management Information (Applicable for Corporation ONLY)**

A. List the names of:

Each proprietor, partner, officer, director and stockholder. The names listed should include minority group members and non-minority group members

Name

B. Where the person above is a minority group member, insert the appropriate code letter corresponding to the minority group in which he/she claims membership in accordance with the following:

<u>A</u> = Black American	<u>E</u> = Eskimo
<u>B</u> = Hispanic American	<u>F</u> = Aleut/Oriental
<u>C</u> = Woman Owned	<u>G</u> = Asian American/East Indian
<u>D</u> = Native American Indian	<u>H</u> = Non Minority

	Name/Tile	Minority Member Group Letter	% of Ownership
1.-	_____	_____	_____
2.-	_____	_____	_____
3.-	_____	_____	_____
4.-	_____	_____	_____

- C. Do any of the above named individuals share in the profits of the business? (Yes or No) _____
 If yes, provide the individual's name, address and telephone number (as an attachment) and explain the extent of such individual's right to share in the profits of the business.
- D. Does any individual not listed in 26 (C) above take part in the management of the business?(Yes or No) _____
 If yes, provide the individual's name, address and telephone number (as an attachment) and explain the extent of such individual's control.
- E. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? (Yes or No) _____
 If yes, provide the name, address, telephone number of the subsidiary, affiliate or parent (as an attachment). Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.
- F. Does the applicant business concern or any person listed in item 26 (B) above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative services, marketing, production, and other types of compensated services. _____
 If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.
- G. Is the applicant business concern involved in any present or pending lawsuits? (Yes or No) _____
 If yes, provide details on a separate sheet.
- H. Is the applicant business concern involved in bankruptcy or insolvency proceeding? (Yes or No) _____
 If yes, provide details on a separate sheet.
- I. Supply a brief history of the applicant business concern on a separate sheet (Optional)

27. Conditions of Application

PLEASE READ THE FOLLOWING CAREFULLY! Your signature on this application indicates acceptance and understanding of the conditions.

- A. OMISSION of information may cause delay in the application process. COMPLETED applications take 4-6-weeks to process..**
- B. APPLICANT AGREES to allow GTMBC representatives access to inspect/conduct onsite compliance review of place of business.**
- C. THE GTMBC RESERVES THE RIGHT to request the applicant provide additional materials prior to certification award.**
- D. APPLICANT AGREES to notify the GTMBC within 30 days of all applicant/company changes in the materials submitted.**
- E. GTMBC CERTIFICATION MEMBERSHIP may be terminated at any time for good cause in accordance with the guidelines established by the GTMBC Board of Directors.**
- F. ALL INFORMATION in this application is true, accurate, and is submitted for certification review and GTMBC membership.**
- G. IF THE GTMBC discovers that a statement has been made herein which the applicant knows to be false, the certification process may result in immediate termination.**
- H. ALL MATERIALS submitted with this package shall become the confidential property of the GTMBC, and all information submitted in an application for certification is generally protected from public disclosure.**

28.- Eligible for Texas Historically Underutilized Business (HUB)

Contingent on MBE and/or WBE certification approval, you may also be eligible for State of Texas **Historically Underutilized Business (HUB)** certification if proof of citizenship or naturalization and a Federal Tax Identification number are provided. Please check the box if interested in HUB Certification.

YES NO

Detailed explanation of any other employment and/or business ownership of individuals and business entities with an ownership interest in your business.

Detailed explanation if your business or any of its owners have ever been denied certification as a minority- or woman-owned business and/or denied certification as a disadvantaged business enterprise by another organization.

BUSINESS STRUCTURE

If the applicant is a sole proprietor (Sign below):

If the applicant is a corporation (Sign below):

Company Name

Date

Company Name

Date

By:

By:

Owner Signature

Owner Signature

Attested By:

Secretary Signature

If the applicant is a Partnership or Limited Liability Company (Sign below):

Name

Date

Name

Date

Name

Date

Name

Date

Name

Date

AFFIDAVIT

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary. I understand that any material misrepresentation will be grounds for denial or revocation of certification, and that my records will be handled in a "CONFIDENTIAL" manner.

The undersigned, in addition, swears that to the best of his/her knowledge, subject firm is a bonafide Minority/Woman Business Enterprise (M/WBE), at least 51% of which is owned and controlled by minority group members who exercise actual day-to-day management independence. I agree to immediately notify the Golden Triangle Minority Business Council, (GTMBC) Inc., of any changes in the information I have provided.

WAIVER OF LIABILITY: It is understood that the Golden Triangle Minority Business Council (GTMBC), Inc. and its members do not make any claims, warranties or guarantees whatsoever with respect to any services which its employees, from time to time, render to members. I/we, therefore, agree not to hold the GTMBC, Inc. or its officers, agents, representatives or volunteers responsible for any loss, liability or damage of any kind, nature or description arising out of such services, opinions or advice.

DATE THIS _____ DAY OF _____ , _____

COMPANY NAME : _____

Print Name of the Eligible Applicant with Majority Ownership Interest: _____

SIGNATURE of the Eligible Applicant with Majority Ownership Interest

TITLE _____

HB 799/Dutton - Signed by Governor Effective Sept. 1, 1991

Encourages state agencies to make purchase from disadvantaged businesses owned by minorities or women. It also establishes a penalty for intentionally applying as a disadvantaged business and knowingly not meeting the definition of a disadvantaged business.

****NOTE: GTMBC RESERVES THE RIGHT TO CONDUCT AN ON-SITE VISIT AND COMPLIANCE REVIEW TO ASSIST IN SUBSTANTIATING YOUR COMPANY ELIGIBILITY FOR CERTIFICATION, RE-CERTIFICATION AND DURING THE TENURE OF YOUR CERTIFICATION.**

NOTARIZED BY

DATE THIS _____ DAY OF _____ , _____

I, THE UNDERSIGNED

(Print Name)

(Signature)