



City of Milwaukee
Office of Small Business Development

**Small Business Enterprise
Renewal Application**

City of Milwaukee
Department of Administration
Business Operations Division
Office of Small Business Development

Phone: (414) 286-5553

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www.milwaukee.gov/osbd

Last Updated: February 21, 2013



Business Operations Division
Office of Small Business Development

Tom Barrett
Mayor

Rhonda U. Kelsey
City Purchasing Director

Ossie C. Kendrix, Jr.
Manager

Dear Applicant:

The City of Milwaukee's Office of Small Business Development (OSBD) positively reflects and promotes small businesses that strive to become competitive in the mainstream marketplace. The information herewith provides the criterion for the Small Business Enterprise (SBE) renewal certification.

Enclosed in the **RENEWAL** certification packet are the following items:

- Office of Small Business Development **RENEWAL** Application
- Renewal Application Affidavit

In order to expedite the processing of your application, please ensure that the following items are complete and enclosed with your application submission:

- Completed renewal application.
- Copies of the previous three years of business taxes reporting activity.
- Notarized affidavit.
- \$50 certification processing fee.

Mail or hand deliver completed application packet to:

Department of Administration – Office of Small Business Development
City Hall, Room 606
200 East Wells Street
Milwaukee Wisconsin 53202

If you have any questions or concerns regarding the Office of Small Business Development or the SBE certification process, please do not hesitate to contact our office, at (414) 286-5553.

Thank you for your interest in the Office of Small Business Development SBE certification.

CITY OF MILWAUKEE
OFFICE OF SMALL BUSINESS DEVELOPMENT
SBE **RENEWAL** CERTIFICATION APPLICATION

Company Name: _____

Primary Contact: _____ Title: _____

Phone: () _____ Fax: () _____ E-mail: _____

Address: _____
Street Address *Suite/ Unit #*

_____ *City* *State* *Zip*

Race/ Ethnic Group Identity (for statistical purposes only): _____

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Native American | |

Gender (for statistical purposes only): Male Female

Previous Certification MBE WBE SBE EBE

Legal Structure of Business (Check one)

- Sole Proprietorship Partnership Corporation LLC Other (*Describe*)

1. Have there been any changes in the business commodities, trades or services?

- Yes No If yes, please explain:

2. Provide a brief description of product(s)/service(s) specialty?

AFFIDAVIT

The City of Milwaukee Office of Small Business Development reserves the right to reject and disqualify any applications that do not meet the requirements for the Small Business Enterprise (SBE) Certification.

Any person, firm or corporation knowingly engaging in fraud, misrepresentation or attempts, direct or indirect, to evade the provisions of this chapter by providing false, misleading or fraudulent information shall, upon conviction, forfeit not less than \$2,000 no more than \$5,000 together with the cost of prosecution (Milwaukee Code of Ordinances, Chapter 370).

The undersigned does solemnly declare and affirm under the penalties of perjury that the foregoing statements and documents are true and correct to include all material information necessary to identify and explain the operation of:

_____ as well as the ownership thereof.
(Company Name)

If there is any change (during the ensuing year) in the information submitted herein, the undersigned would inform the City of Milwaukee Office of Small Business Development within 30 days of such change(s).

I authorize the City of Milwaukee's Office of Small Business Development to verify the accuracy of the statements provided in order to determine whether I meet the standards for SBE certification.

I swear or affirm that all statements are true and correct and include all material information requested.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20____,

in the State of _____ and County of _____.

Notary Public Signature: _____ Date: _____

My commission expires: _____

[Notary Seal]