



CITY BASED BUSINESS BRIDGEPORT BUSINESS LOCATION VERIFICATION



PART I: BUSINESS OWNER AND BUSINESS INFORMATION

DATE: _____

*1. Client Name (Last, First, MI) or Business Owners Designee		*2. Email:	
*3. Name of Business:		*4. Business Phone:	
*5. Street Address (business address):		*6. City:	*7. State:
			*8. Zip:

PART II: TYPE OF BUSINESS

***9. Choose Primary Business Category:**

Carpentry Roofing Site Work Finance & Insurance Health Care & Social Assistance
 Masonry Asphalt Utilities Wholesale Trade Accommodation & Food Services
 Plumbing Concrete Information Public Administration Arts, Entertainment & Recreation
 Electrical Welding Retail Dealer Educational Services Transportation & Warehousing
 HVAC General contractor Manufacturing Real Estate & Rental & Leasing Professional, Scientific & Technical Services
 Other _____

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

PART III: BUSINESS CERTIFICATION

***10. Is your business certified as any of the following?** YES NO

MBE WBE SBE

If 'YES', please provide a copy of the certification

PART IV: PLEASE PROVIDE **TWO** OF THE FOLLOWING DOCUMENTS TO VALIDATE CITY BASED BUSINESS

***11. Please check the box of each document provided (2 or more documents required):**

Business utility bill Business telephone bill Past year's Business tax return Connecticut Secretary of State C.O.N.C.O.R.D.
 Copy of business mortgage statement or business location lease agreement Business/personal property tax bill Other _____

I certify and affirm:

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

Signature of SMBE Director or Program Manager

Validation Date

Expiration Date

THIS CERTIFICATE 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 to update CBB status**