

*Disadvantaged Business Enterprise (DBE)*  
*Minority Business Enterprise (MBE)*  
*Small Business Administration (SBA)*  
*Women's Business Enterprise (WBE)*

**Contact Information Sheet**

Business Name \_\_\_\_\_

Contact Person's Name/Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_ Website address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_

Is your corporate office located in Ohio? \_\_ YES \_\_ NO

If not, please provide corporate office address:

\_\_\_\_\_

Business Type  Sole Proprietorship  Partnership  Corporation  LLC

LLP  Joint Venture between: \_\_\_\_\_

Date Established \_\_\_\_\_ Number of Regular Employees \_\_\_\_\_

Minority Group \_\_\_\_\_ % Min. Owned \_\_\_\_\_

Is your business registered/certified with the Ohio Unified Certification Program? \_\_\_\_\_

Which of the following certifications do you have?  DBE  WBE  MBE  SBA

SIC Code(s) – (if any) \_\_\_\_\_

What are your trade specialties, service(s) provided and/or product(s) supplied/produced?

\_\_\_\_\_

\_\_\_\_\_