|  |
| --- |
| **INTRODUCTION** |
| DATE OF APPLICATION | 2017-06-15 |
| How did you hear about us? | Choose One from Drop-Down |
| Please specify. | Click here to enter text. |
| Is your company registered or certified as a disability-owned business with any other organization?Select Yes or No |
| If yes, please specify. | Click here to enter text. |
| **GENERAL COMPANY INFORMATION**  |
| LEGAL BUSINESS NAME  | Click here to enter text. |
| "DOING BUSINESS AS" NAME | Click here to enter text. |
| ADDRESS | Click here to enter text. |
| CITY  | Click here to enter text. |
| STATE/PROVINCE  | Click here to enter text. |
| COUNTRY | Click here to enter text. |
| POSTAL CODE  | Click here to enter text. |
| WEBSITE | Click here to enter text. |
| EMAIL | Click here to enter text. |
| PRIMARY TELEPHONE | Click here to enter text. |
| MOBILE TELEPHONE | Click here to enter text. |
| FIRST NAME  | Click here to enter text. |
| LAST NAME | Click here to enter text. |
| TITLE  | Click here to enter text. |
| PREFERRED LANGUAGE | Click here to enter text. |
| LEGAL BUSINESS STRUCTURE | Click here to enter text. |
| BUSINESS ACQUISITION  | Choose One from Drop-Down |
| YEAR BUSINESS STARTED/ACQUIRED  | 2017-06-15 |
| BRIEF BUSINESS DESCRIPTIONClick here to enter text. |
| IS BUSINESS A FRANCHISE? | Select Yes or No |
| IF YES, NAME OF FRANCHISOR | Click here to enter text. |
| BRIEF DESCRIPTION OF PRODUCTS/SERVICESClick here to enter text. |
| PRIMARY INDUSTRY | Click here to enter text. |
| SECONDARY INDUSTRY | Click here to enter text. |
| [NAICS CODES](https://www.census.gov/eos/www/naics/)Click here to enter text. |
| [ISIC CODES](https://unstats.un.org/unsd/cr/registry/regcst.asp?Cl=27&Lg=1&Top=1) Click here to enter text. |
| **BUSINESS OPERATIONS**  |
| WHERE DO YOU SELL? CHECK ALL THAT APPLY. | [ ]  Local[ ]  International[ ]  International |
| NUMBER OF FULL-TIME EMPLOYEES  | Click here to enter text. |
| NUMBER OF FULL-TIME EMPLOYEES WITH A DISABILITY | Click here to enter text. |
| NUMBER OF PART-TIME EMPLOYEES  | Click here to enter text. |
| NUMBER OF PART-TIME EMPLOYEES WITH A DISABILITY | Click here to enter text. |
| MOST RECENT REVENUE YEAR | Click here to enter text. |
| MOST RECENT ANNUAL REVENUE (USD) | Click here to enter text. |
| **BUSINESS REFERENCES** Please list 2 companies with whom you have conducted business in the last 12 months. |
| COMPANY NAME | Click here to enter text. |
| ADDRESS | Click here to enter text. |
| BUYER/CONTACT INFORMATION | Click here to enter text. |
| PRODUCT/SERVICE PROVIDED | Click here to enter text. |
| REVENUE AMOUNT (USD) | Click here to enter text. |
|  |
| COMPANY NAME | Click here to enter text. |
| ADDRESS | Click here to enter text. |
| BUYER/CONTACT INFORMATION | Click here to enter text. |
| PRODUCT/SERVICE PROVIDED | Click here to enter text. |
| REVENUE AMOUNT (USD) | Click here to enter text. |
| **OWNERSHIP & DISABILITY SELF-IDENTIFICATION** Please provide the following information for EACH owner of your company.  |
| OWNER #1 NAME | Click here to enter text. |
| TITLE | Click here to enter text. |
| OWNER'S COUNTRY OF CITIZENSHIP | Click here to enter text. |
| PERCENTAGE OF OWNERSHIP | Click here to enter text. |
| INVOLVED IN DAILY OPERATIONS? | Select Yes or No |
| DESCRIBE OWNER'S DISABILITY (as recognized by country of citizenship)Click here to enter text. |
| OWNER #2 NAME (If applicable) | Click here to enter text. |
| TITLE | Click here to enter text. |
| OWNER'S COUNTRY OF CITIZENSHIP | Click here to enter text. |
| PERCENTAGE OF OWNERSHIP | Click here to enter text. |
| INVOLVED IN DAILY OPERATIONS? | Select Yes or No |
| DESCRIBE OWNER'S DISABILITY IF APPLICABLE (as recognized by country of citizenship)Click here to enter text. |
| OWNER #3 NAME (If applicable) | Click here to enter text. |
| TITLE | Click here to enter text. |
| OWNER'S COUNTRY OF CITIZENSHIP | Click here to enter text. |
| PERCENTAGE OF OWNERSHIP | Click here to enter text. |
| INVOLVED IN DAILY OPERATIONS? | Select Yes or No |
| DESCRIBE OWNER'S DISABILITY IF APPLICABLE (as recognized by country of citizenship)Click here to enter text. |
| OWNER #4 NAME (If applicable) | Click here to enter text. |
| TITLE | Click here to enter text. |
| OWNER'S COUNTRY OF CITIZENSHIP | Click here to enter text. |
| PERCENTAGE OF OWNERSHIP | Click here to enter text. |
| INVOLVED IN DAILY OPERATIONS? | Select Yes or No |
| DESCRIBE OWNER'S DISABILITY IF APPLICABLE (as recognized by country of citizenship)Click here to enter text. |
| OWNER #5 NAME (If applicable) | Click here to enter text. |
| TITLE | Click here to enter text. |
| OWNER'S COUNTRY OF CITIZENSHIP | Click here to enter text. |
| PERCENTAGE OF OWNERSHIP | Click here to enter text. |
| INVOLVED IN DAILY OPERATIONS? | Select Yes or No |
| DESCRIBE OWNER'S DISABILITY IF APPLICABLE (as recognized by country of citizenship)Click here to enter text. |