



Client Information Sheet

Primary Contact Info

Date:

Name

Phone

E-mail

Company Information

Company Name

Phone

Address

Website

Address

Ethnicity of Principal Owner

City, State, and Zip

Business Information

Business Type and Description: _____

Number of Employees: Full-time: _____ Part-time: _____ Minority: _____

Business Start Date: _____ Business Structure (Please Circle One): Corporation Partnership Sole Proprietorship
LLC Non-Profit

Gross Annual Sales: _____

PLEASE TURN OVER TO COMPLETE FORM





DCMBEC Information Disclosure/ Minority Status

The purpose for collecting information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will be available to the general public.

In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority businesses. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

Signature: _____ Date: _____

"I certify that I represent a Minority Business Enterprise. MBDA defines a Minority Business Enterprise as a business which is owned or controlled by socially or economically disadvantaged persons who are members of one of the following eligible groups: African Americans, Aleuts, Asian Indians, Asian Pacific Americans, Eskimos, Hasidic Jews, Native Americans, Puerto Ricans, and other Spanish-Speaking Americans. I understand that false certification may result in a fine or imprisonment under applicable Federal law."

Signature: _____ Date: _____