



Civil Rights, Inclusion
and Opportunity

CITY OF DETROIT

Detroit Business Certification Program **Application for Certification** as

Detroit Start-Up
Detroit Headquartered Business
Detroit Based Business
Detroit Small Business
Minority-Owned Business Enterprise
Woman-Owned Business Enterprise

Department of Civil Rights, Inclusion & Opportunity
Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 1240
Detroit, MI 48226
(313) 224-4950

Website address:

<http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity>

Michael E. Duggan, Mayor

Detroit Business Certification Program

Certification Checklist ALL Required Documentation

(Complete checklist. Keep a copy for your records and submit a completed copy of this page with application)

(When submitting application – one-sided only, NO staples, paper clips, or binding of pages)

Detroit Start-Up (DSU)

- DSU ó New Detroit companies, younger than 2 years
 - Lease must be at least 1 year & must cover the entire certification year
- Complete all items under DBB

Detroit Based Business (DBB)

- Check-off Which Category for Certification
- Last Detroit Business Cert, if any ó expired _____
- Business Overview (What does your business do?)
- Detroit Business Hours _____
- Verification of Ownership
(Paperwork registered with the State of Michigan, http://www.dleg.state.mi.us/bcs_corp/sr_corp.asp)
Assumed Name Certificate
Articles of Incorporation
Articles of Organization
Certificate of Co-Partnership
- Business Roster (**complete all columns on roster**)
 - # of Owners & Executive / Upper Management _____
- 4 Accounts Receivable Invoices (ONLY showing work provided by your company, 1 per qtr. to cover past year from submission date)
- Most Current Annual Financial Statements
- Most Current Federal Tax Returns (**NO Extension** -1st page only or 1040 Return)
 - Year _____ (most current filed/completed)
- Deed / Lease (one-sided only)
- Completed Affidavit of Applicant Page
 - Authorize Signature
 - Notary Signature
 - Notary Stamp
- Approved Business Income Tax Clearance ó expire date _____
- Approved Accounts Receivable Clearance ó expire date _____

Must have APPROVED Income Tax Clearance(s) and APPROVED Accounts Receivable Clearance when submitting application.

Detroit Headquartered Business (DHB)

- Complete all items above (under DBB)
- Approved Individual Income Tax Clearance(s) ó ALL Upper Management (out of your Detroit office)
 - _____
 - _____
 - _____
 - _____

Detroit Small Business (DSB)

- Complete All Items Under DBB
- Meet Small Business Requirements (less than \$5 million in annual revenue, based on previous year gross receipts)

Application Fees:

- Payment (check), \$ _____
- \$250 - Detroit Start-Up (started within the last two years for two consecutive years of certification, if gross receipts from previous year are < \$250,000)
- \$500 - less than \$1 million
- \$1,500 - \$1 million and less than \$5 million
- Non-Small Business Fee: \$2,500 - \$5 million and greater
- Gross Receipts: Year _____ \$ _____

Minority/Woman Enterprise (MBE / WBE)

- Complete line items under DBB, Questions 1 ó 10 in application
- MBE / WBE Declaration Page
 - Complete entire table
 - Authorized (1) signature & (2) date

Minority-Owned / Woman-Owned Business Enterprise are businesses as recognized on the MBE / WBE Declaration form of this application.

Please note all businesses certified with MMSDC as a minority or woman owned business enterprise automatically certifies as a Detroit Based Business. A copy of the MMSDC certification must accompany the application for verification purposes.

Detroit Business Certification Program (DBCP) Application for Certification

Certify as (Check all that apply):

- Detroit Start-Up (DSU)
- Detroit Based Business (DBB)
- Detroit Headquartered Business (DHB)
- Detroit Small Business (DSB)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)

All applicants are required to pay an annual, **non-refundable** program fee at the time of application certification.

***Payment of the Annual Program Fee does not guarantee certification.**

(Please return without staples, paper clips or binding, one-sided only)

Name of Business: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: () _____ Detroit Business Hours: _____

Business Email Address: _____
(1st email published on business register)

Business Website: _____

Date Business Established: _____ / _____ / _____

F E I N : _____ **OR** SSN (last 4 digits only): _____

Authorized Contact Person; i.e., the representative who is authorized to discuss confidential information and answer questions related to your application:

Name: _____ Title: _____

Authorized Contact Telephone: () _____ Email: _____
(2nd email published on business register)

Next Authorized Contact: _____ Title: _____

Authorized Contact Telephone: () _____ Email: _____

Business Information (Please completely answer all under each section)

Submit a copy of a lease, deed, or land contract **for each Detroit location owned or operated by the applicant.** The applicant must complete the first space below for the Business Headquarters no matter where it is located. Other spaces below should only be completed for each location within the City of Detroit. If necessary, provide information for additional locations on a separate sheet.

Business Headquarters: (Please fill-in all blanks) _____ Leased _____ Own

Name of Authorized Person at HQ: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Bus. Hours: _____ Type of Operations: _____

Number of Employees at HQ: _____ Phone# _____

Total # of Employees (all locations): _____ Total # of Det. Residents Employees: _____

Detroit Location (if different than headquarters): (Please fill-in all blanks) _____ Leased _____ Own

Name of Authorized Person at Detroit Location: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Bus. Hours: _____ Type of Operations: _____

Number of Employees (@this location): _____ Phone# _____

Number of Detroit Residents Employees (@this location): _____

Detroit Location (if different from above): (Please fill-in all blanks) _____ Leased _____ Own

Name of Authorized Person at Detroit Location: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Bus. Hours: _____ Type of Operations: _____

Number of Employees (@this location): _____ Phone# _____

Number of Detroit Residents Employees (@this location): _____

Other Locations:

How many business locations outside the City of Detroit? _____

If there are locations outside the City of Detroit, please list address of each location:

Business Type (Check All That Apply):

Information regarding Business Type:

- **Manufacturing**
Manufacturing means a business operating or maintaining a facility that produces materials, supplies, articles, equipment, etc. from raw materials or that materially alters or adds value to previously manufactured products from their original state such that the altered product is no longer useable as originally intended.
- **General Construction**
General Construction Business means a business that (1) is a general contractor for any of the following: Industrial Buildings, Residential Buildings, Single Family Houses or Warehouses or (2) performs heavy construction which includes, but is not limited to the following: bridges, communications lines, elevated highways, highways, pipelines, power lines, sewer lines, streets, tunnels, or water lines.
- **Specialty Construction**
Specialty Construction Business means a business that engages in any of the following lines of business: carpentry, concrete work, electrical work, excavation work, floor laying, glass and glazing work, heating ventilation and air conditioning, installation or erection of building equipment, masonry, stone setting and other stone work, painting and paperhanging, plastering, drywall, acoustical and insulation work, plumbing, roofing, siding and sheet metal work, structural steel erection, terrazzo, tile marble and mosaic work, water well drilling, or wrecking and demolition work, as well as other categories of specialty construction as may be identified by the City.
- **Wholesale**
Wholesale business means a firm engaged in the selling or distribution of commodities, goods, articles, products, etc. in large quantities and usually to retailers or others at a reduced cost per item.
- **Retail**
Retail business means a firm engaged in the sale or distribution of commodities, goods, articles, products, etc. to the ultimate consumer in small quantities and in which an inventory of products is available at the business location
- **Service**
Service business means a firm providing services of a non-professional nature such as, but not limited to repairing, cleaning, maintenance, testing, construction services, personal services, etc.
- **Professional Service**
Professional Service business means a firm providing services that are not generally available in the public-at-large that requires specialized knowledge, licensing and/or certification. These services include, but are not limited to accounting services, architectural/engineering services, consultant services, information technology services, construction management, financial management, facilities management, legal services, etc.

Indicate the three-digit NIGP commodity class code(s) that apply to the goods/services your firm provides.

(Please refer to the attached 3-digit NIGP Commodity Codes List also on the Department of Civil Rights, Inclusion & Opportunity's webpage, <http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity>).

Business Roster – Owners and Executives / Upper Management

Business Name: _____

1. List all stock owners. If owner does not work for business, enter ðnot on payrollö under Work Location Address.
2. List all executives / upper management, for example but not limited to - CEO, COO, CFO/Controller, Chairman, Vice Chairman, President, Vice President, Executive Vice President, Senior Vice President, Partner, Executive Director, etc.
3. Individual Income Tax Clearance only needed for executives / upper management certifying as Detroit Headquartered (last column in table below).

(Please print and complete ALL columns)

| Name | Title | Date Hired | Tot Hrs. Worked (per week) | Hrs. Worked In Detroit Only (per week) | Work Location Address | Percentage of Ownership | *For DHB only Must have Tax Clearance (Y) |
|------|-------|------------|----------------------------|--|-----------------------|-------------------------|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

TOTAL HRS _____hrs. _____hrs.

TOTAL% 100%

MBE / WBE Declaration

Recognized ethnic-minority persons are United States citizens or lawful permanent residents. Ethnic-minorities and socially disadvantaged groups are defined as seen below:

Check all that applies to the ownership:

- African-American / Black
- Hispanic
- Asian / Pacific
- Native American / Eskimo
- Woman
- Lesbian Gay Bisexual Transgender Business Enterprise

I, _____ certify that _____

(Print name of President / CEO / Owner)

(Name of business)

meets all of the eligibility requirements of a Minority-Owned Business Enterprise / Woman-Owned Business Enterprise.

The aforementioned business meets the following criteria: (1) at least 51% ownership by minority and woman (*comprise at least 51% of the board of directors in the case of non-profits*); (2) minority / woman control of all decisions concerning the business; (3) the majority of management and board / partnership / member positions are held by minority / woman and (4) has satisfied all other requirements administered by the Department of Civil Rights, Inclusion & Opportunity.

I certify that I will notify the Department of Civil Rights, Inclusion & Opportunity within 30 days in the event that my business no longer meets the criteria of this declaration.

Signature of President / CEO / Owner: _____ **Date** _____

| Name and Title | Ethnicity | Gender | Ownership Percentage | Hours Worked/ Weekly |
|----------------|-----------|--------|----------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Must Total: 100%

If necessary, use a separate attachment to complete this item.

Affidavit of Applicant

I, being a duly authorized representative of the applicant, do hereby attest that the statements, documents, and responses provided in and with this City of Detroit Certification Application are true and correct to the best of my knowledge. I understand that I am making this statement subject to the penalties of perjury. I further understand that the City of Detroit reserves the right to require additional information prior to, during, and at any time after certification has been granted.

I understand that any misrepresentations of information provided in support of this application can result in **delay in processing, denial of the application, de-certification or revocation** of a certification, if conferred prior to discovery of the misrepresentation.

Name of Applicant (Business): _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Authorized Representative's Title: _____

NOTARY ACKNOWLEDGMENT

STATE OF: _____

COUNTY OF: _____

The foregoing Affidavit of Applicant was acknowledged before me this

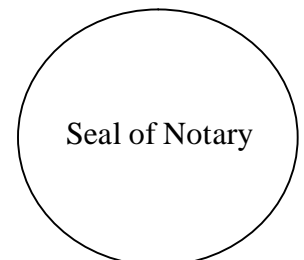
_____ day of _____, 20_____, by _____
(# Day of the Month) (Month) (Year) (Authorized Representative's Name from above)

to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free and voluntary act and deed.

Signature of Notary: _____

Printed Name and Stamp of Notary: _____

My Commission Expires: _____





Request For Income Tax Clearance

REQUESTING DEPARTMENT / DIVISION: **Department of Civil Rights, Inclusion & Opportunity (CRIO)**

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

Type of Clearance: New Renewal (Please submit 30 days prior to submitting bid or expiration date)

| | |
|---|--|
| A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 106 Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1901 Email: IncomeTaxClearance@DetroitMi.gov | For: Individual or Company Name _____ Address _____ _____ City _____ State _____ Zip Code _____ Telephone _____ Fax # _____ Email Address _____ |
|---|--|

| | |
|--|-------------------------------|
| B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) | Telephone # _____ |
| | Fax # _____ |
| Employer Identification or Social Security Number | Spouse Social Security Number |

Nature of Contract _____

BID CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ _____
 Contract # (if known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1, 2, 3, 4.

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) Yes No
- Are you a student and/or claimed as a dependent on someone else's tax return Yes No
- Were you employed during the last seven (7) years? Yes No
- Were you a resident of Detroit during the last seven (7) years? Yes No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5, 6, 7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)? Yes No
- Will the company have employees working in Detroit? Yes No
- Will the company use sub-contractors or independent contractors in Detroit? Yes No

D. FOR INCOME TAX USE ONLY

Has the employer/employee complied with the provisions of the City Income Tax Ordinance?

| | | | | |
|------------------------------|-----------------------------|-----------------|------------|---------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Signature _____ | Date _____ | Expires _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Signature _____ | Date _____ | Expires _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Signature _____ | Date _____ | Expires _____ |

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.DetroitMi.gov

Note: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

Please email your completed request form (preferably in PDF format) to: IncomeTaxClearance@DetroitMi.gov

Accounts Receivable Clearance Application
2 Woodward Avenue, Suite 106, Coleman A Young Municipal Center
Revenue Tax Examining Unit (313) 224-2389 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
CIVIL RIGHTS, INCLUSION & OPPORTUNITY (CRIO) LAW MAYOR OMBUDSMAN PLANNING& DEVELOPMENT
POLICE PURCHASING RECREATION WATER & SEWAGE OTHER _____

ADDRESS OF DEPARTMENT _____
DATE SENT _____ CONTACT PERSON _____
PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____
CONTRACT AMOUNT \$ _____

SECTION B: CORPORATION LICENSE TYPE _____
CORPORATION NAME _____
ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION C: PARTNERSHIP LICENSE TYPE _____
BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____
A: PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____
B. PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE _____
BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____
OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS _____
EMAIL ADDRESS _____

SECTION E: PERSONAL SERVICES
NAME _____ ADDRESS _____ OWN LEASE
CITY/STATE/ZIP _____
PHONE NUMBER _____ DRIVER LICENSE # _____
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____
SOCIAL SECURITY NUMBER _____ **EMAIL ADDRESS** _____

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE _____ DATE _____ CLEARANCE VALID UNTIL _____