

Locally Owned Small Business Application

SECTION 1: Business Name and Contact Information		
Name of Business:		
Address of Business (Number & Street):		
City:	State:	Zip Code:
Name of Owner:	Phone Number:	E-mail:
DUNS:		

SECTION 2: Business Information		
Product/ Service Description:		
Business Start Date:	Total # of years in operation	Total Annual Revenue:
Total Number of Employees:	Full-Time Employees:	Part Time Employees:

Section 3: Other Information (check box if applies)	
Date of Supplier Diversity Training Workshop:	Business Type: <div style="display: flex; justify-content: space-around;"> For Profit Non Profit </div>
Completed USD's Supplier Registration? <div style="display: flex; justify-content: space-around;"> Yes No </div>	Tax Return Received? <div style="display: flex; justify-content: space-around;"> Yes No </div>
Is your business able to provide Proof of Insurance? <div style="display: flex; justify-content: space-around;"> Yes No </div>	

Name of Business Owner	Signature of Business Owner	Date

OFFICE USE:
<div style="display: flex; justify-content: space-around;"> Approved Not Approved </div>
Additional Comments: