

# Community Development Commission

## Minority & Woman Business Enterprise Abbreviated Application

---

### INSTRUCTIONS:

If the Company is already certified through one of the following entities listed below,

- City of Chicago
- Cook County
- Illinois Department of Central Management
- Minority Supplier Development Council
- Women's Business Enterprise National Council
- Woman-Owned Small Business Certification thru SBA.GOV

fill out this two-page document, attach a copy of the entity's certification form and return this either by US Mail, Fax or Email to:

DuPage Community Development  
Commission 421 N. County Farm Road, Room 2-800  
Wheaton, IL 60187  
Fax: 630-407-6601  
[Communitydev@dupageco.org](mailto:Communitydev@dupageco.org)

---

### ABBREVIATED FORM

I am applying for Recognition as (check either as applicable ):

\_\_\_\_\_ Minority Business Enterprise

\_\_\_\_\_ Woman Business Enterprise

### NOTE: Applicants Seeking Recognition Must Be U.S. Citizens or Permanent Resident

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

\*Parent Company: \_\_\_\_\_ Address \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

\*DUNS : \_\_\_\_\_

FEIN: \_\_\_\_\_

\*If Applicable

Type of Business (check):

\_\_\_\_\_ Construction Contractor

\_\_\_\_\_ General Contractor

\_\_\_\_\_ Supplier of Construction Goods

\_\_\_\_\_ Specific Trade

\_\_\_\_\_ Other (related to construction)

Briefly describe products and /or services provided:

---

---

---

# Community Development Commission Minority & Woman Business Enterprise Abbreviated Application

## AFFIDAVIT

The undersigned swears that the foregoing statements are made as part of this application are true and correct and includes all material information necessary to:

1. Identify and explain the services or products of the Company

---

---

---

2. Ownership – Please list the name of the owner/s and percentage of ownership

|      |       |            |       |
|------|-------|------------|-------|
| Name | _____ | Percentage | _____ |
| Name | _____ | Percentage | _____ |
| Name | _____ | Percentage | _____ |

3. Establish the Eligibility for recognition as a (check)

Minority Business Enterprise  
 Woman Business Enterprise

If, after filing this document there is any change (during the ensuing calendar year) in the information submitted, the undersigned will submit the changes to the DuPage County Community Development Commission.

### Notarization

Owner Signature \_\_\_\_\_  
Name (Print) \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

State of Illinois, County of \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_, before me appeared (owner) \_\_\_\_\_ that he or she was properly authorized by (company) \_\_\_\_\_ to execute the Affidavit and did so as his or her free act and deed.

Notary Public Signature \_\_\_\_\_

