



City of Port Arthur Application for CERTIFICATION AS A PORT ARTHUR BUSINESS ENTERPRISE

Mail to: City of Port Arthur, P.O. Box 1089, Port Arthur, TX 77641-1089
Attn: City Attorney's Office

The purpose of this program is to promote spending by companies that have industrial district agreements with qualified Port Arthur Business Enterprises and to increase the diversity of Port Arthur businesses with which such companies procure goods and services so that the pool of such businesses is representative of the business community at large.

1. Federal Employer's Identification number (EIN) (Do not enter your Social Security Number): _____

Provide the 9-digit federal EIN assigned to you for the purpose of filing your business' federal income tax returns with the Internal Revenue Service (IRS). If you do not have a federal EIN, one may be obtained free of charge from the IRS on-line at <http://www.irs.gov/businesses/> Or by calling the IRS at (800)-829-4933.

2. Business Structure – Check the appropriate box that identifies your business structure.

- Sole Proprietorship - Corporation - Limited (Liability) Partnership
- Partnership - Joint Venture - Limited (Liability) Company

3. Business Name, Mailing Address and Physical Address – Include physical address if different from mailing address

Business Name: _____
Mailing Address: _____
City: _____ State: TX ZIP: _____ County: _____
Physical Address: _____
City: _____ State: TX ZIP: _____ County: _____
Contact's Name: _____ Mobile Phone Number: _____

4. Internet Web Page/URL Address (if applicable) _____

5. E-Mail Address (if applicable) _____

6. Business Phone #: _____ Business Fax #: _____

7. Employees - Full-time _____ Part-time _____ Full-time _____ Part-time _____
(Port Arthur Site) (All Sites, Including Port Arthur)

8. Payroll - Wages paid for previous calendar year \$ _____ (Full- and Part-time) \$ _____ (Full- and Part-time)
(Port Arthur Site) (All Sites, Including Port Arthur)

9. Payroll – Total W-2 statements for previous calendar year mailed to employees of the Port Arthur site _____
Total W-2 statements for previous calendar year mailed to ZIP codes 77640,77641, 77642 or 77655 _____

10. Check all that apply:
Minority/Women Owned Business (MWBE) Historically Underutilized Business (HUB) Disadvantaged Business (DBE)
 - Yes - No - Yes - No - Yes - No

11. Is your company a member of the Greater Port Arthur Chamber of Commerce? - Yes - No

12. Business Category Description – Check the boxes that best identify the services provided by your business.

- (01) – Heavy Construction other than Building Construction (06) – Other Services including Legal Services
- (02) – Building Construction, including General Contractors & Operative Builders (07) – Commodities Wholesaler/Reseller
- (03) – Special Trade Construction (08) – Commodities Manufacturer
- (04) – Financial and Accounting Services (09) - Medical Services
- (05) – Architectural/Engineering and Surveying

13. Principal Line of Business - Provide a brief description of the products and/or services provided by your business

14. NAICS Code & Description -

Please give the appropriate NAICS codes that describe your business
<http://www.census.gov/eos/www/naics/>

Code	Description (238990 Fence installation (except electronic containment fencing for pets))

15. Ownership - Provide the name, title, and percentage of ownership interest of all individuals and business entities having an ownership interest in your business. Identify each individual's ethnicity and gender by using the following **Ethnic Group Codes: Asian Pacific Americans – AS; Black Americans – BL; Hispanic Americans – HI; Native Americans - AI; American Woman – WO; and Caucasian – CA;** and the following **Gender Codes: Female – F; and Male – M.** If an individual's ethnicity does not meet any of the Ethnic Group Codes, Enter **"Other"** as the ethnicity. Based on a 40-hour workweek, identify the number of hours each owner is present at the business' physical address during the regularly established business hours, actively participating in the daily activities of the business operations. Check the appropriate boxes to indicate if each individual is currently employed elsewhere and if they have ownership interest in any other business entity.

Name First, MI, Last	Title	% of Ownership	Ethnicity/ Gender	# of Hours	Other		Other Business	
					Employment	Ownership	Ownership	Ownership
		%			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		%			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		%			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		%			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

16. Business Responsibilities – Provide the name and title of the individual(s) ultimately responsible for the functions identified below.

Functions	Name (First, Last)	Title
Negotiate & Sign Financial Contracts		
Negotiate and Sign Bids/Proposals		
Hiring and Firing of Management Personnel		
Supervision of Day-to-Day Operations		

Affidavit of Eligibility – With my signature below, I attest that the information provided for the business entity described in this application is correct and that I am authorized to sign as the company representative. Additionally, I certify that the physical location of the company has been within the city limits of Port Arthur since _____

Month/Year

If the business entity is approved as a Port Arthur Business Enterprise by the City of Port Arthur, I understand that this certification is not transferrable and that if the business operations cease to qualify, the certification is subject to revocation.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Subscribed and sworn to me the undersigned notary public on this _____ day of _____ Year _____

Notary Public's Signature and Stamp/ Seal _____ My commission expires on _____