



DAYTON BLACK PRIDE BUSINESS TO CONSUMER DISADVANTAGE BUSINESS CERTIFICATION APPLICATION

B2C DISADVANTAGED BUSINESS CERTIFICATION APPLICATION

Company Name

Owner-Applicant's Full Name

Home Address

City

OH
State

ZIP Code

Phone Number

Email Address

Website

LinkedIn Business Page

Facebook Business Page

Twitter Business Account

Certification(s) Eligibility:

- MBE
- WBE
- LGBTQ+

Industry:

- Construction
- Goods
- Service

B2C DISADVANTAGE BUSINESS CERTIFICATION APPLICATION CHECKLIST

All Companies must provide the following supporting documents with their application:

- A copy of business state filing.
- A copy of the EEOC policy statement.

Work type code or description (Commodity Codes or NAICS Codes)

Please describe your business's service(s) or product(s).

CERTIFICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- ✓ **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- ✓ **APPLICANT AGREES** to immediately notify the certifying organization if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- ✓ **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- ✓ **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying organization from time to time.

The undersigned certifies that he/she/they/ is a socially disadvantaged individual who is an owner of the firm seeking certification in the Dayton Black Pride Business Certification program. In support of the application, the undersigned certifies that he/she/they is member of one or more of the following groups, and that he/she/they have held themselves out as a member of the group (s):
Check all that apply:

- | | | |
|--|---|--|
| LGBTQ+ <input type="checkbox"/> | Hispanic American <input type="checkbox"/> | African American or Black American <input type="checkbox"/> |
| Female <input type="checkbox"/> | Asian American <input type="checkbox"/> | Native American <input type="checkbox"/> |

The undersigned hereby swears that all statements made in this application are true.

The undersigned agrees to hold the certifying organization harmless from any claim arising out of this application and agrees to indemnify said organization from any liability in connection with the certification of the applicant.

The undersigned understands that this application will be reviewed for completeness within 15 business days.

Print Name: _____

Title: _____

Date: _____