



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: Christe Whitley

Or

Scan and email to christe.whitley@portarthurtx.gov

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.

The principal office must be within the City of Port Arthur, or you must have an office located in the Port Arthur Business Park to be certified as a Port Arthur Business Enterprise. Please see the attached information for Tier Two criteria.

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 number of W-2 statements for previous calendar year mailed to employees of the Port Arthur site _____
Total number of 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)

Yes No

Historically Underutilized Business (HUB)

Yes No

Disadvantaged Business (DBE)

Yes No

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

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

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

13. 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)*)

14. 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 Employment	Other Business Ownership
					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"/>

15. What is your yearly capacity of self-performed work or services offered? _____

16. What is your Total Recording Incident Rate (TRIR)? _____

17. What is your Experience Modifier Rate? _____

18. How long have you been an established business? _____

19. What is your total number of employees? _____ How many live in Port Arthur? _____

20. Please list any certifications you have obtained

21. 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 _____