



CITY of ROANOKE REDEVELOPMENT
and HOUSING AUTHORITY

PARTNERS IN PROGRESS

**SECTION 3 BUSINESS CONCERN
APPLICATION**

Business Name: _____

D.B.A. (If different from above):

Address: _____
Street City State Zip

Business Phone: _____ Fax: _____

Email: _____ Business Website: _____

Contact Person &
Title _____

Contact
Phone: _____

Employer ID Number: _____ Owners Social Security Number (if no EIN): _____

VA Business License#: _____

Number of employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____
Section 3 employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____

Has business worked directly for Roanoke Redevelopment Housing Authority before: Yes No

M/WBE Status: Woman Business Enterprise Yes No * Minority Business Enterprise Yes No

* Ethnic/Racial Code: African-American; Native American; Latino/Hispanic American;
 Asian/Pacific American; Hasidic Jew *

List primary product or service: (check all that apply)

- General Contractor
- Electrical Contractor
- Material Supplier

- Mechanical Contractor
- Consultant Services
- Other _____

Professional or Contractor License Number (if applicable) List additional products or services your business can provide:

Type of Business Entity (check one):

<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Corporation (LLC)

<input type="checkbox"/> Unlimited Liability Partnership
<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Other (describe) _____

Capacity limit (Contract limit your business could manage)

<input type="checkbox"/> Up to \$300,000
<input type="checkbox"/> \$300,000 - \$500,000
<input type="checkbox"/> \$500,000 - \$1 million

<input type="checkbox"/> \$1-\$5 million
<input type="checkbox"/> \$5-\$10 million
Other _____

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.

Print Name _____ Date _____

Signature _____