

NMSDC RECERTIFICATION APPLICATION AND SUPPLIER PROFILE UPDATE
 KENTUCKIANA MINORITY BUSINESS COUNCIL (\$200.00 Non-refundable
 Processing Fee) make check payable to KMBC

Instructions: Please fill out the application and submit the company's most recent IRS tax return (see page 2), or have your Certified Public Accountant (CPA) sign this form attesting to accurate submission of the information.**

1. COMPANY NAME: _____ DATE: _____
2. CERTIFICATE NUMBER: _____
3. PARENT COMPANY (if apply): _____
4. CERTIFICATE NUMBER: _____
5. MAILING ADDRESS: _____
6. CITY, STATE, ZIP: _____
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. PHONE NUMBER: _____ FAX NUMBER: _____
10. EMAIL ADDRESS: _____ WEBADDRESS: _____
11. OWNERS/PRINCIPALS:

Name/Title	Ethnic Origin*	Male/ Female	US Citizen? Yes or No	Years of Ownership	Ownership % (must total 100%)	Voting %

*White, Black, Asian, Native American, Hispanic

12. SEND MAIL TO: _____
13. NAIC CODE(S): _____ www.naics.com or www.census.gov/naics
14. PRODUCT/SERVICE DESCRIPTION:

15. TYPE OF BUSINESS: CHECK PRIMARY FUNCTION. CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> Brokers/Agents (BA) | <input type="checkbox"/> Manufacturer (MF) |
| <input type="checkbox"/> Construction Contractor (CC) | <input type="checkbox"/> Manufacturer's Rep (MR) |
| <input type="checkbox"/> Consultant/Professionals | <input type="checkbox"/> Service Contractor (SC) |
| <input type="checkbox"/> Distributor (DS) | <input type="checkbox"/> Other: |

16. NO. OF EMPLOYEES: _____ NO. OF MINORITY EMPLOYEES: _____

17. BUSINESS STRUCTURE: _____
 (Firm's legal structure: Sole Prop, Partnership, LLP, LLC, S Corp, C Corp)

18. GEO. MKT: _____ FEDERAL Tax Number: _____

19. YEAR ESTABLISHED: _____ ANNUAL SALES: _____

