



APPLICATION FOR SECTION 3 BUSINESS CONCERN CERTIFICATION
Form #CD327 (rev. 1/20)

Dear Business Owner:

This is your invitation to become certified as a Section 3 Business Concern. As part of our effort to promote contract, employment and training opportunities for all residents of the City of Kenosha in compliance with Federal Section 3 regulations, the City of Kenosha Department of City Development has created this simple Section 3 Certification Application process. The City of Kenosha is seeking to extend the benefits of and to promote compliance with Section 3 by:

1. Identifying Section 3 Business Concerns;
2. Targeting Section 3 Business Concerns for City of Kenosha business opportunity events and educational programs;
3. Promoting Section 3 Business Concerns by making available a directory both online and within the agency; and
4. Providing access to any training and technical assistance opportunities that may be offered by the City of Kenosha especially for Section 3 Business Concerns.

All applicants seeking this recognition must complete and submit the enclosed Section 3 Business Concern Application form. If your company is qualified because it is owned by one (1) or more Section 3 residents, then complete the form titled, "*Section 3 Business Concern – Resident Business Owner(s)*." If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents as defined on the webpage, then complete the form titled, "*Section 3 Business Concern – 30%+ Workforce*."

YOU ONLY NEED TO SUBMIT THE BUSINESS CONCERN APPLICATION FORM WITH EITHER the *Resident Business Owner(s) form* OR the *Section 3 Business Concern – 30%+ Workforce form* TO BE ELIGIBLE FOR SECTION 3 CERTIFICATION.

Please answer all questions and sign the forms. Then forward the form via email to:

mmaki@kenosha.org
City of Kenosha
Department of City Development
625 52nd Street, Room 308
Kenosha, WI 53140

If you have any questions or concerns, please feel free to contact Mike Maki with the City of Kenosha Department of City Development at 262-653-4030.

SECTION 3 BUSINESS CONCERN APPLICATION

Business Name:					
D.B.A. (if different from above):					
Address:	City:	State/Zip:			
Business Phone: ()	Fax: ()				
E-Mail:	Business Website:				
Federal Employer Identification Number:	Owners Social Security Number (if no EIN):				
Contact Person & Title:	Contact Phone:				
<p>Trade Description:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> General Contractor <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Landscaping </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition </td> </tr> </table>			<input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> General Contractor <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Other _____	<input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Landscaping	<input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition
<input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> General Contractor <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Other _____	<input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Landscaping	<input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition			
Date Business was established: ____ / ____ / ____ <div style="text-align: center; margin-left: 100px;"><i>Month</i></div> <div style="text-align: center; margin-left: 100px;"><i>Day</i></div> <div style="text-align: center; margin-left: 100px;"><i>Year</i></div>					
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"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture Other (Describe): _____					
Number of employees: Full-time: ____ Part-time: ____ Contract: ____ Total: ____					
Section 3 employees: Full-time: ____ Part-time: ____ Contract: ____ Total: ____					
Has Business worked directly for a City of Kenosha agency in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is Your Business certified by the State of Wisconsin Department of Commerce? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, check all that apply: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:					

**SECTION 3 BUSINESS CONCERN
RESIDENT BUSINESS OWNER(S)**

Name of Owner: _____

Home Address: _____

Name of Business: _____

Percentage of Ownership: _____ %

Check the appropriate box for your family size and income:

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 Person	\$45,750
<input type="checkbox"/>	2 Persons	\$52,250
<input type="checkbox"/>	3 Persons	\$58,800
<input type="checkbox"/>	4 Persons	\$65,300
<input type="checkbox"/>	5 Persons	\$70,550
<input type="checkbox"/>	6 Persons	\$75,750
<input type="checkbox"/>	7 Persons	\$81,000
<input type="checkbox"/>	8 Persons	\$86,200

I certify that I am a resident of the City of Kenosha. My Total Household Income (THI) last year was less than the amount shown above for my family size.

If the business is owned by more than one (1) Section 3 resident, each should submit a separate Resident Business Owner Verification Form. List each owner below:

I certify that the Section 3 residents listed below own at least 51% of the business.

Name	Position	Percentage of Ownership

I certify that the information provided is true and accurate.

Print Name:	Date:
Signature:	

**SECTION 3 BUSINESS CONCERN
30%+ WORKFORCE**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents of the City of Kenosha, or were Section 3 residents within three (3) years of the date of first employment with the business.

For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for all permanent full time (FT) employees.

Copy this form if necessary.

LIST NAME AND ADDRESS FOR ALL EMPLOYEES	DATE HIRED (MM/DD/YYYY)	CHECK IF SECTION 3 RESIDENT*	JOB TITLE/TRADE
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Total Number of Employees:			
Number of Section 3 Residents:			
Percentage of Total Workforce:			

* Refer to the Household Size and Income Chart on page 3.

<i>I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.</i>
Print Name:
Title:
Company Name:
Date:
Signature: _____