

**F.1 – APPLICATION**



**CITY OF DAYTON**  
**Human Relations Council**  
371 W. Second St, Suite 100  
Dayton, OH 45402-1417  
Telephone (937) 333-1403  
Fax (937) 222-4589

**FOR OFFICE USE ONLY:**  
Date Received: \_\_\_\_\_  
Reviewer: \_\_\_\_\_  
\_\_\_ Approved, Date: \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Denied, Date: \_\_\_/\_\_\_/\_\_\_

**Section 3 Business Concern Application**

This Section 3 application is optional and not required to do business with The City of Dayton.

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADESTYLE NAME (d.b.a.): \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**1. TYPE OF BUSINESS:**

- Corporation     Partnership     Sole Proprietorship     Joint Venture     LLC

**AREA(S) OF EXPERTISE (Please provide a brief description of your company's capabilities):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAICS Codes (Codes can be found at NAICS.com):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAGE 2: Section 3 Business Concern Application**

**NAME OF BUSINESS:** \_\_\_\_\_

**2. OWNERSHIP / CERTIFICATIONS:**

- Minority-owned       Woman-owned       PEP Certified       PEP Application Pending

**3. ATTACH THE FOLLOWING TO YOUR APPLICATION:**

<b>CORPORATIONS must submit:</b>		<b>PARTNERSHIPS and JOINT VENTURES must submit:</b>	
<input type="checkbox"/>	Letter of Good Standing from Secretary of State	<input type="checkbox"/>	Letter of Good Standing from Secretary of State
<input type="checkbox"/>	Articles of Incorporation showing all owners/stockholders and ownership percentages	<input type="checkbox"/>	Partnership or Joint Venture Agreement showing all owners and ownership percentages
<input type="checkbox"/>	Corporate Tax Return for previous year <b>OR</b> Corporate Financial Statements	<input type="checkbox"/>	Business Tax Return for previous year <b>OR</b> Business Financial Statements
<b>LLCs must submit:</b>		<b>SOLE PROPRIETORSHIPS must submit:</b>	
<input type="checkbox"/>	Letter of Good Standing from Secretary of State	<input type="checkbox"/>	Letter of Good Standing from Secretary of State (if available)
<input type="checkbox"/>	Articles of Organization showing all members and ownership percentages	<input type="checkbox"/>	Proof of business filing with the State of Ohio
<input type="checkbox"/>	Personal/Business Tax Return for previous year <u>for each owner</u> <b>OR</b> Business Financial Statements	<input type="checkbox"/>	Personal/Business Tax Return for previous year <b>OR</b> Personal/Business Financial Statements
<p><b>Certificates of Good Standing</b> may be obtained from the <b>Secretary of State</b> or by visiting:  <a href="http://www.sos.state.oh.us/Businesses/BusinessInformation/cogs.aspx">http://www.sos.state.oh.us/Businesses/BusinessInformation/cogs.aspx</a></p>			

**4. SECTION 3 ELIGIBILITY: (check all that apply)**

I am claiming Section 3 status as:	
<input type="checkbox"/>	<b>An individual, sole proprietorship, partnership, corporation or joint venture that has 51% ownership by a Section 3 qualified INDIVIDUAL. Please submit:</b>
<input type="checkbox"/>	Section 3 Business Concern Application and all required supporting documentation (this application)
<input type="checkbox"/>	Section 3 Employee List
<input type="checkbox"/>	For the Owner claiming 51% or more Ownership, submit: ___ Section 3 Resident Certification Letter <b>OR</b> ___ Section 3 Resident Preference Claim Form with all required supporting documentation <b>AND</b> ___ Section 3 Resident or Employee Household Income Certification
<input type="checkbox"/>	<b>A business claiming 30% of current full-time workforce qualify as section 3 residents, or within three years of the date of first employment with the business concern were section 3 residents. Please submit:</b>
<input type="checkbox"/>	Section 3 Business Concern Application and all required supporting documentation (this application)
<input type="checkbox"/>	Section 3 Business Employee List
<input type="checkbox"/>	Section 3 Business Contractor or Subcontractor Payroll Report Complete for each F/T employee who has been employed at least one month. (this includes all employees of the company)
<input type="checkbox"/>	For each Section 3 Employee, submit: ___ Section 3 Resident Certification Letter <b>OR</b> ___ Section 3 Resident Preference Claim Form with all required supporting documentation <b>AND</b> ___ Section 3 Resident or Employee Household Income Certification

<input type="checkbox"/>	<b>A business committing to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to Section 3 Certified Businesses qualifying based on ownership or employees. Please submit:</b>
<input type="checkbox"/>	Section 3 Business Concern Application and all required supporting documentation (this application)
<input type="checkbox"/>	Section 3 Business Employee List
<input type="checkbox"/>	Section 3 Contractor or Subcontractor Report (this list must demonstrate that 25% of the total dollar award of all subcontracts are to be awarded to Section 3 business concerns).
<input type="checkbox"/>	For each Section 3 Subcontract submit: ___ Section 3 Resident Certification Letter for each Section 3 Certified Business subcontractor, <b>AND</b> ___ Section 3 Business Employee List for each Section 3 Certified Business subcontractor

***I hereby certify that, to the best of my knowledge, the information contained herein and in the attached documents is true and accurate.***

**CORPORATE SEAL**

**COMPANY NAME:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**F.2 - SECTION 3 EMPLOYEE LIST FORM**



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**Section 3 Business Employee List**

**COMPANY NAME:** \_\_\_\_\_

**Instructions:** Using the example listed below, please complete (type or legibly print) information for all employees of the company. For Section 3 employees, attach form sec3-002a, Section 3 Resident Preference Claim Form AND form sec3-002b, Section 3 Resident or Employee Household Income Certification. **USE ADDITIONAL PAGES OF THIS FORM WHERE NECESSARY AND NUMBER EACH PAGE.**

Employee Name	Address	Work Classification	Date of Hire	FT or PT	Sec. 3 Employee (Yes or No)

Legend: FT = Full Time PT = Part time Sec. 3 = Section 3 Resident

**TOTAL NUMBER OF EMPLOYEES:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_