



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

<b>FOR OFFICE USE ONLY:</b> Date Received: _____ Reviewer: _____ ___ Approved, Date: ___/___/___ ___ Denied, Date: ___/___/___
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**Section 3 Business Concern RENEWAL REQUEST**

This Section 3 renewal request 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: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 BUSINESS NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ CONTACT PERSONS TITLE: \_\_\_\_\_

**1. BUSINESS STRUCTURE:**

- Corporation
- Partnership
- Sole Proprietorship
- Joint Venture
- LLC

**2. OWNERSHIP / CERTIFICATIONS:**

- Minority-owned
- Woman-owned
- PEP Certified
- PEP Application Pending
- Other (please indicate): \_\_\_\_\_

**3. AREA(S) OF EXPERTISE (NAICS CODES & DESCRIPTION):**

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

**4. ATTACH THE FOLLOWING TO YOUR RENEWAL REQUEST:**

	<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"/>	Proof of owners/stockholders and ownership percentages <b>IF CHANGED</b>	<input type="checkbox"/>	Proof of owners and ownership percentages <b>IF CHANGED</b>
<input type="checkbox"/>	Proof of business name change, <b>IF APPLICABLE</b>	<input type="checkbox"/>	Proof of business name change, <b>IF APPLICABLE</b>
	<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
<input type="checkbox"/>	Proof of members and/or ownership percentages <b>IF CHANGED</b>	<input type="checkbox"/>	Proof of members and/or ownership percentages <b>IF CHANGED</b>
<input type="checkbox"/>	Proof of business name change, <b>IF APPLICABLE</b>	<input type="checkbox"/>	Proof of business name change, <b>IF APPLICABLE</b>

Certificates of Good Standing may be obtained from the **Secretary of State** or by visiting:  
<http://www.sos.state.oh.us/Businesses/BusinessInformation/cogs.aspx>

**5. ATTACH DOCUMENTATION OF ELIGIBILITY:**

<b>51% Owned by a Section 3 Resident, submit ONE (1) of the following:</b>	<b>30% Employees are/were Section 3 Residents within last 3 years, submit all that apply:</b>	<b>Commitment to subcontract 25% to Section 3 Businesses, submit:</b>
<input type="checkbox"/> Tax Return from any of last 3 years showing income below threshold & <ul style="list-style-type: none"> <li>• List of owners of the business</li> <li>• Section 3 Resident Affidavit(s) of the owner(s) comprising the 51 percent</li> </ul> ; OR	<input type="checkbox"/> Section 3 Business Employee List <ul style="list-style-type: none"> <li>• List of employees</li> <li>• Section 3 Resident Affidavit(s) of the employees comprising the 30 percent</li> </ul>	<input type="checkbox"/> Letter of commitment on company letterhead <ul style="list-style-type: none"> <li>• Project name and address and type of contract</li> <li>• List of expected subcontracting opportunities</li> </ul>
<input type="checkbox"/> Proof of federal assistance within last 3 years (e.g. WIC, Food Stamps, Medicaid or HUD Lease) & <ul style="list-style-type: none"> <li>• List of owners of the business</li> <li>• Section 3 Resident Affidavit(s) of the owner(s) comprising the 51 percent</li> </ul> OR	<input type="checkbox"/> Section 3 Resident Applications for eligible residents not currently certified (include proof of eligibility) <ul style="list-style-type: none"> <li>• Section 3 Resident Affidavit(s) of the employees comprising the 30 percent</li> </ul>	
<input type="checkbox"/> Unemployment letter from any of last 3 years & <ul style="list-style-type: none"> <li>• List of owners of the business</li> <li>• Section 3 Resident Affidavit(s) of the owner(s) comprising the 51 percent</li> </ul>		

The Company hereby agrees to provide upon request the applicable documents above and any additional documents requested verifying the information provided above.

I authorize the information above to be added to a database of Section 3 Business Concerns that will enable me to receive notice of employment and training opportunities for future Section 3 covered projects. I understand that this list may be accessed by Human Relations Councils staff, City of Dayton staff, Greater Dayton Premier Management staff, contractors, developers, and subcontractor working on Section 3 covered projects.

Under penalty of perjury, I certify that I have personal knowledge of the certifications made in this affidavit and that the same are true.

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

**PRINT NAME:** \_\_\_\_\_ **TITLE OF SIGNOR:** \_\_\_\_\_

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

**Notary** \_\_\_\_\_ **Date** \_\_\_\_\_ **SEAL:** \_\_\_\_\_