

**SMALL BUSINESS PROFILE**

(Please type or print legibly)

Company Name \_\_\_\_\_

No. of Employees \_\_\_\_\_

Main Office Address \_\_\_\_\_

No. of Minority Employees (optional) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

No. of Women Employees (optional) \_\_\_\_\_

Owner(s) \_\_\_\_\_

Telephone \_\_\_\_\_

Sales/Marketing Contact \_\_\_\_\_

Fax \_\_\_\_\_

Average 3-Year Annual Receipts \_\_\_\_\_

E-mail \_\_\_\_\_

Facilities in other locations (City, State) \_\_\_\_\_

Website \_\_\_\_\_

Fed. Tax Id. No. \_\_\_\_\_

Year Company Started \_\_\_\_\_

For the purposes of Hamilton County’s Small Business Program, a small business is a business concern that is independently owned and operated, and meets the detailed definitions or size standards established by the Administrator of the Small Business Administration (SBA).

The size standards are expressed either in number of employees or annual receipts in millions of dollars (based on a three year average), unless otherwise specified. The number of employees or annual receipts indicates the maximum allowed for a concern and its affiliates to be considered small. Please refer to

<http://www.census.gov/epcd/www/naics.html> or contact our office for the relevant primary North American Industry Classification System (NAICS) Codes. SBA size standards may be found at

<http://www.sba.gov/content/table-small-business-size-standards>. The business does not exceed the SBA size standard for the **Relevant Primary NAICS Code** indicated.

The **Relevant Primary NAICS Code** (six-digit number) for the business is \_\_\_\_\_ *(please list only one code here)*. The code does not limit the type of contracts on which your business may bid.

**Please mark the appropriate classification(s):**

Small Business \_\_\_\_

Minority-Owned Business \_\_\_\_

Women-Owned Business \_\_\_\_

**The business has been certified as a:**

City of Cincinnati SBE \_\_\_\_

State of Ohio Dept of Transportation DBE \_\_\_\_

South Central Ohio Minority Business Council MBE \_\_\_\_

United States SBA 8(a) Business Development Program SDB \_\_\_\_

State of Ohio Dept of Administrative Services MBE \_\_\_\_ EDGE \_\_\_\_

Women Business Enterprise National Council WBE \_\_\_\_ SWBE \_\_\_\_

*If certified, please provide copy of current certificate(s) or letter(s) of certification*

Currently Doing Business with Hamilton County?

Yes \_\_\_\_

No \_\_\_\_

Submit ORIGINAL completed form to:

Hamilton County

Office of Small Business Development

603 County Administration Building

138 East Court Street

Cincinnati OH 45202-1226

513-946-4323 \* Bernice.Walker@Hamilton-Co.org

Principal Activity:      Manufacturing \_\_\_\_      Distributing/Supplying \_\_\_\_      Providing Services \_\_\_\_

Describe: \_\_\_\_\_

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Geographical Area: \_\_\_\_\_

Technical/Trade Qualifications, Certifications or Special Equipment:

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Customer References  
(Company Name, Contact Person, and Telephone Number)

Products/Services Supplied

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***Oath and Affirmation (to be completed with a Notary Public present)***

*I affirm under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.*

\_\_\_\_\_  
*Signature of Owner/Principal/Officer*                      *Title*                      *Date*

\_\_\_\_\_  
*Printed Name*

*State of* \_\_\_\_\_:

*ss*

*County of* \_\_\_\_\_:

*Sworn to and subscribed in my presence this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public (signature)*

*(Seal)*

*My commission expires:* \_\_\_\_\_

**In order to verify any affirmations made, Hamilton County reserves the right to request additional information.**