

**City of Greenville and
Greenville Utilities Commission**
Minority and Women Business Enterprise (M/WBE) Program
P. O. Box 7207
1500 Beatty Street
Greenville, NC 27835-7207
252-329-4862 telephone 252-329-4464 fax
www.greenvillenc.gov

Company Profile

NOTE: Before completing this Profile, applicants must be certified through the NC Department of Administration's Office for Historically Underutilized Businesses (HUB). For certification information, please visit the HUB website at www.doa.state.nc.us/hub. A HUB Certification Letter must be submitted with this completed Profile.

PROFILE

Company Name: _____

Street Address: _____

Mailing Address: _____

City and State: _____

Zip: _____ County: _____

Telephone Number: _____ Toll Free Number: _____

Fax Number: _____

Email Address: _____ Website Address: _____

Contact Person: _____

Ownership of firm: Identify person(s) with ownership. (Percentage should total 100%)

Name	Years Owned	Owner %	Race	Sex	Disabled Yes or No
------	-------------	---------	------	-----	--------------------

Has your company provided products & services in the past to the City of Greenville?

Yes _____ No _____

Is your company presently providing products and/or services to the City of Greenville?

Yes _____ No _____

TYPE OF BUSINESS:

Please check the appropriate category which best describes the service your company offers. If choosing the construction or design services category, also check the boxes that best describe the services your company performs.

Construction

- _____ General Contractor
- _____ Residential Building
- _____ Heating/Air Conditioning
- _____ Carpentry
- _____ Paint & Paper Hanging
- _____ Siding & Sheet Metal
- _____ Wrecking/Demolition
- _____ Highway/Street Repair
- _____ Water/Sewer Lines
- _____ Fire Sprinkler Systems

- _____ Non-Residential Building
- _____ Electrical Work
- _____ Plumbing
- _____ Plastering, Drywall/Installation
- _____ Roofing
- _____ Masonry & Other Stone Work
- _____ Excavation Work
- _____ Utility Lines
- _____ Landscaping
- _____ Other (specify: _____)

Design Services

_____ Architectural Services

_____ Engineering Services

Distribution/Supplier

Specify: _____

Manufacturer

Specify: _____

Professional Service

Specify: _____

Retailer

Specify: _____

Retail/Service

Specify: _____

Service

Specify: _____

Transportation

Specify: _____

Wholesaler

Specify: _____

Additional Information and/or Comments:

A City of Greenville Vendor Application is enclosed for completion and should be returned with this MWBE **Company Profile**. A Greenville Utilities Vendor Information Form can be obtained at www.guc.com. After placement on our vendor lists, repeated failure of the vendor to respond to request for price quotes, bid proposal and other inquiries may result in removal from our vendor lists.

If at any time during the certification period there is a change in the ownership and/or control of your firm, you are required to notify this office of such changes in writing.

Signature of Owner Or Company Representative

Date

FORWARD TO:
CITY OF GREENVILLE M/WBE PROGRAM
P. O. BOX 7207, GREENVILLE, N.C. 27835-7207

TO BE COMPLETE BY THE MWBE OFFICE:

APPROVAL: _____ DATE: _____

EXPIRATION DATE: _____

PLEASE ATTACH HUB CERTIFICATION LETTER ALONG WITH SIGNED PROFILE