



N.C. Department of Administration
Office for Historically Underutilized Businesses
North Carolina Small Business Enterprise Program

Pamela B. Cashwell
Secretary

Tammie Hall
Director

NC SMALL BUSINESS ENTERPRISE PROGRAM APPLICATION

Thank you for your interest in becoming certified as a NC Small Business Enterprise (NCSBE) vendor with the State of North Carolina. The NCSBE Program is a race and gender-neutral program designed to provide contracting opportunities to NC small businesses with the State of North Carolina. The applicant must be a small business as defined in [Executive Order 143](#) and must meet the size standards that are measured by annual net income of not more than \$1,500,000, after cost of Goods Sold is deducted with 100 or less employees and **based in the state of North Carolina.**

If your business is an actively certified HUB firm, [a new application is not required.](#) As a certified HUB firm, applicant must complete, sign, and submit an [Affirmation Letter](#). **If NOT a certified HUB Firm**, please complete the following application and submit the required documentation to the NCSBE Program Office within **30 days** of your application.

The NC Small Business Enterprises Program requests documentation to determine your eligibility for certification as a NC Small Business Enterprise. All **non-HUB** applicants are required to submit this application as part of the required documentation.

To initiate the NCSBE Certification Process: (1) [Register on eVP as an IPS vendor](#) (2) Complete the NCSBE Program Application (3) Gather and submit [required documents](#) (4) **Complete the Registration Process** by submitting (via Mail, Fax or email) your completed package to the NC Small Business Enterprise Program.

Business Name	
Contact Name	Title
Business Phone #	Cell Phone #
Email Address	
Physical Address (In North Carolina – P.O. Box not accepted)	Mailing Address (only if different from physical address)
County	
*Annual Net Income (after Cost of Goods sold deducted): *Required Information	
*Total Number of Employees: *Required Information	

Business Identification	
Business Legal Company Name	
Unique Identifier for Business (Select One) PLEASE DO NOT ENTER INFORMATION REGARDING THE FOLLOWING AT THIS TIME. <input type="checkbox"/> DUNS _____ <input type="checkbox"/> OTHER _____	Method of Acquisition <div>Started new business</div> <div>Bought existing business</div> <div>Merger or consolidation</div> <div>Inherited business</div> <div>Other</div>

Business Profile	
Business structure <input type="checkbox"/> Corporation (including PLLC) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership (including LLP) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture	Date Company was established <input type="text"/>
Business Relationship with Other Businesses	
Is your business co-located at any of its locations with any other business, organization, or entity? If yes, who?	
Does your business, at any of its business locations, share a phone number, P.O. box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization, or entity? If yes, who?	
Do any of your immediate family members own or manage another business? If yes, explain.	
At present, or at any time in the past, has your business: <ul style="list-style-type: none"> ▪ Been a subsidiary of another business? Y or N ▪ Consisted of a partnership in which one or more of the partners are other businesses? Y or N ▪ Owned a percentage of another business? Y or N ▪ Had any subsidiaries? Y or N ▪ Operated under a franchise agreement? Y or N ▪ Has any other business had an ownership percentage in your business? Y or N 	

Section 3. Ownership Information (Ownership percentages must total 100) If there are more than two owners, attach a separate sheet.			
Owner #1: Percentage Owned: _____%			
Name	Title		Contact Phone #
Ethnicity: <input type="checkbox"/> Black Hispanic Asian American American Indian <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Gender Male Female Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Disabled Yes No Disadvantaged <small>Information is not required to qualify; for internal use only.</small>	*Are you a U.S. Citizen or permanent resident alien of the U.S.? Yes No *Required Information
Do you own any other businesses? If yes, please list.			
Do you work for any company, organization or entity that has a relationship with applicant business? If yes, please list.			
Owner #2 Percentage Owned: _____%			
Name	Title		Contact Phone #
Ethnicity: <input type="checkbox"/> Black Hispanic Asian American American Indian <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Disabled Yes No Disadvantaged <small>Information is not required to qualify; for internal use only.</small>	Are you a U.S. Citizen or permanent resident alien of the U.S.? Yes No *Required Information
Do you own any other businesses? If yes, please list.			
Do you work for any company, organization or entity that has a relationship with applicant business? If yes, please list.			

I understand that the NCSBE Office may access all publicly available information in reviewing my business' application.

Signature of Owner

Date

Print Name of Owner

NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION, PLEASE CHECK YOUR APPLICATION AND SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED