

December 1, 2009

2nd & Final Notice

Dear Certified MBE:

The certification of your firm as a minority business enterprise (MBE) with the State of Wisconsin will expire December 31, 2009. To maintain the MBE certification status of your company, you must renew your certification each year. Please complete the 2010 Certification Renewal and Directory Update Form enclosed; and have the affidavit on page two signed and notarized. Please disregard if already submitted.

Even if there are no changes, the form must be completed, signed and returned by final deadline December 18, 2009 with the following documents to avoid the process of de-certification.

1. Business Tax Returns which ever applies for calendar year 2008.
 - Federal tax form 1065 with Schedule K1
 - Federal tax form 1120C with Schedule E
 - Federal tax form 1120S with Schedule K1
 - Schedule C from Federal tax form 1040

The Department of Commerce does not make public any tax information in its possession.

As a certified minority business, your company may receive a possible 5 percent bid preference on certain state contracts. Your certification entitles you to be listed in the online Wisconsin Directory of Minority-Owned Businesses accessible to over 3,000 government and corporate buyers and other contacts.

It is important that we have accurate information on your business for this directory. The enclosed re-certification and directory update form will be used to update entries in the 2010 directory daily updates of our online MBE Directories.

If you have any questions, email comMBD@wisconsin.gov or call (608) 267-9550.

Thank you for your cooperation.

Sincerely,



E. Aggo Akyea
Director
Bureau of Minority Business Development

Enclosure



P. O. Box 7970
Madison, Wisconsin 53707
(608) 266-1018
TTY: Contact Through Relay

Jim Doyle, Governor
Richard J. Leinenkugel, Secretary

2010 Certification Renewal and Directory Update Form

Please complete this form, sign affidavit on the back and return by November 30, 2009 with business tax returns for calendar year 2008 to:

**Wisconsin Department of Commerce
Bureau of Minority Business Development
P. O. Box 7970
Madison, WI 53707**

SECTION A

Name of Business:	_____	FEIN/SS#:	_____
Address:	_____		
City/State/Zip:	_____	County (WI only):	_____
Business E-mail:	_____	Business Phone:	_____
Business Web:	_____	Business Fax:	_____
Contact Person:	_____	Title:	_____

SECTION B *(To maintain status as a minority business, your company must be at least 51% owned, controlled and actively managed by persons of one or more of the above ethnic groups. Please indicate percent of ownership).*

_____% Asian _____% Black _____% Indian _____% Hispanic _____% Polynesian

Legal Structure *(Please check one):* Sole Proprietorship Partnership Corporation LLC Other _____

Product/Service *(Be brief and concise):*

SECTION C *(Please fill in information on number of shares and current owners of the firm. If additional space is required, attach extra sheets in same format).*

Total Shares of Stock Authorized to be issued by Corporation or LLC: _____ Total Shares Issued to Date: _____

Owner(s) of Firm *(If additional space is required, attach supplementary sheets in same format)*

Full Name of Owner	Ethnicity	Percentage of Ownership

2010 Minority Business Enterprise Re-Certification Affidavit

Hereafter, "the Business" refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority status of the Business and do herein certify under penalties imposed by Wisconsin Statutes that the information provided is correct and said information herein may be used for the purposes of certifying the Business as a Minority Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the Minority Business Development office any such materials that may be required to substantiate the degree of minority ownership and control of the Business. I agree to arrange for on-site inspections of the Business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the Business to the Minority Business Development office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the Business.

I understand that the certification expiration is December 31 of the year following the initial date of certification and each December 31 thereafter until such time as the Business is decertified. I further understand that the Business must annually apply for recertification prior to expiration.

Type or Print Name of Owner, Officer or Partner

Title

Signature of Owner Officer or Partner

Date (MM/DD/YYYY)

Subscribed and sworn to before me this _____ day of _____ a. d.

Month, Year

Signed _____
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____

My Commission Expires _____
Date (MM/DD/YYYY)

Notary Seal

