



NEW HANOVER COUNTY

OFFICE OF THE COUNTY MANAGER
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Assistant County
Manager

Minority/Disadvantaged Business Enterprise Directory Profile Form

(Please Print)

1. Name of Firm: _____ Phone #: _____

2. Name(s) of Owner(s): _____

3. Address of Firm: _____

4. City / State / Zip Code: _____

5. Date Firm Opened: _____ Founder's Name(s): _____

6. Type(s) of Service(s) Provided: _____

7. Percentage of Firm Owned By: Minority _____ Female _____ Other _____

8. Ethnic Origin of Each Owner: Name _____ Origin _____
Name _____ Origin _____
Name _____ Origin _____
Name _____ Origin _____

9. Geographical Service Radius: _____

STATEMENT OF AFFIRMATION: I (We) affirm that the information provided herein is accurate and true and may be used to include the firm in the New Hanover County Minority/Disadvantaged Business Enterprise Directory. It is understood that my firm must complete a certification process in order to participate in local government projects and have that participation count toward meeting the respective goals for minority/disadvantaged business enterprises.

Signature of Owner(s): _____

