City of Minneapolis

Section 3 Program

**SECTION 3 Business Application**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC

Services Provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. plumbing, carpentry, painting, etc…)

**Section 3 Eligibility**

The business certifies that it is a Section 3 Business based on one or more of the following:

☐ Category 1: 51% or more of the business is owned by a Section 3 Resident(s).

☐ Category 2: 30% or more of the full-time permanent employees are Section 3 Residents or were Section 3 Residents within three years from beginning their employment.

☐ Category 3: the business commits to subcontracting over 25% of all subcontracts to Section 3 Business (es).

**Required Attachments**

Please check all that apply and provide copies of the following documents:

☐ Business/Professional License(s)

☐ Legal documents for business (i.e. Articles of Incorporation)

☐ List of owners & percent of ownership (for category 1)

☐ Section 3 Resident Application(s) or Section 3 Resident Certification[[1]](#endnote-1) (for categories 1 and 2)

☐ List of all employees; indicate full time or part time and if Section 3 Resident or eligible (for category 2)

☐ List of Section 3 Business (es) subcontracts and amount or detailed plan explaining commitment to contract to Section 3 Business (es) (for category 3 eligibility)

**Certification**

*I certify that the information provided is true and accurate. I understand that providing false or misleading information may result in penalties, including decertification as a Section 3 Business.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed application with attachments to:

Email: [contractcompliance@minneapolismn.gov](mailto:contractcompliance@minneapolismn.gov) or Fax: 612-673-2599

Mail/drop off to:

Minneapolis Department of Civil Rights

Attn: Section 3 Program

350 South 5th Street, Suite 239

Minneapolis, Minnesota 55415

Please allow at least two weeks for processing. A certification or denial letter will be sent to you. Call 612-673-2112 with any questions or concerns.

1. If employee is certified with another government agency (i.e. City of St. Paul), please provide documentation of certification. [↑](#endnote-ref-1)