

HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA

MINORITY BUSINESS ENTERPRISE RECORD

Solely to help us comply with government record keeping, reporting, and other legal requirements, please complete the following:

DATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

CONTRACTORS BUSINESS LICENSE NO.: _____

CONTRACTOR STATE LICENSE NO.: _____

COMPANY TAX ID NUMBER: _____

OWNERS NAME(S): _____

OWNERS RACE/ETHNIC GROUP: (check one)

- | | |
|---|--|
| <input type="checkbox"/> White American | <input type="checkbox"/> African American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Asian/Pacific American | <input type="checkbox"/> Hasidic Jews |
| <input type="checkbox"/> Other _____ | |

SEX: Male Female

SMALL BUSINESS ENTERPRISE: Yes No

This data is for periodic government reporting and will be kept confidential. This information **WILL NOT** be considered when awarding Housing Authority of the County of Santa Barbara contracts.

Thank you for your cooperation.