



**APPLICATION FOR SECTION 3 BUSINESS CONCERN CERTIFICATION**  
**Form #CDI327 (rev. 8/23)**

Dear Business Owner:

This is your invitation to become certified as a Section 3 Business Concern. As part of our effort to promote contract, employment and training opportunities for all residents of the City of Kenosha in compliance with Federal Section 3 regulations, the City of Kenosha Department of City Development has created this simple Section 3 Certification Application process. The City of Kenosha is seeking to extend the benefits of and to promote compliance with Section 3 by:

1. Identifying Section 3 Business Concerns;
2. Targeting Section 3 Business Concerns for City of Kenosha business opportunity events and educational programs;
3. Promoting Section 3 Business Concerns by making available a directory both online and within the agency; and
4. Providing access to any training and technical assistance opportunities that may be offered by the City of Kenosha especially for Section 3 Business Concerns.

All applicants seeking this recognition must complete and submit the enclosed Section 3 Business Concern Application form. If your company is qualified because it is owned by one (1) or more Section 3 residents, then complete the form titled, "*Section 3 Business Concern – Resident Business Owner(s)*." If your company is qualified because 75% or more of labor hours performed in the business over the prior three-month period are performed by Section workers as defined, then complete the form titled, "*Section 3 Business Concern – 75%+ Labor Hours Performed by Section 3 workers*."

**YOU ONLY NEED TO SUBMIT THE BUSINESS CONCERN APPLICATION FORM WITH EITHER the *Resident Business Owner(s)* form OR the *Section 3 Business Concern – 75%+ Labor Hours Performed by Section 3 Workers* form TO BE ELIGIBLE FOR SECTION 3 CERTIFICATION.**

Please answer all questions and sign the forms. Then forward the form via email to:

mmaki@kenosha.org  
City of Kenosha  
Department of City Development  
625 52<sup>nd</sup> Street, Room 308  
Kenosha, WI 53140

If you have any questions or concerns, please feel free to contact Mike Maki with the City of Kenosha Department of City Development at 262-653-4038.

## SECTION 3 BUSINESS CONCERN APPLICATION

Business Name:					
D.B.A. (if different from above):					
Address:	City:	State/Zip:			
Business Phone: (       )	Fax: (       )				
E-Mail:	Business Website:				
Federal Employer Identification Number:	Owners Social Security Number (if no EIN):				
Contact Person & Title:	Contact Phone:				
<p>Trade Description:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carpentry  <input type="checkbox"/> Painting  <input type="checkbox"/> Plumbing  <input type="checkbox"/> General Contractor  <input type="checkbox"/> Carpet/Flooring  <input type="checkbox"/> Appraisal Services  <input type="checkbox"/> Other _____         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Heating (HVAC)  <input type="checkbox"/> Masonry Restoration  <input type="checkbox"/> Roofing  <input type="checkbox"/> Concrete  <input type="checkbox"/> Rubbish Removal/Hauling  <input type="checkbox"/> Landscaping         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Electrical  <input type="checkbox"/> Asbestos  <input type="checkbox"/> Lead                      Abatement  <input type="checkbox"/> Ironwork  <input type="checkbox"/> Demolition         </td> </tr> </table>			<input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> General Contractor <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Other _____	<input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Landscaping	<input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition
<input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> General Contractor <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Other _____	<input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Landscaping	<input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition			
Date Business was established:    ____ / ____ / ____ <div style="text-align: center; margin-left: 100px;"><i>Month</i></div> <div style="text-align: center; margin-left: 100px;"><i>Day</i></div> <div style="text-align: center; margin-left: 100px;"><i>Year</i></div>					
Type of Business Entity (check one):					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) Other (Describe): _____					
Number of employees:    Full-time: ____    Part-time: ____    Contract: ____    Total: ____					
Section 3 employees:    Full-time: ____    Part-time: ____    Contract: ____    Total: ____					
Has Business worked directly for a City of Kenosha agency in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is Your Business certified by the State of Wisconsin Department of Commerce? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, check all that apply: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other:					
Select from <b>ONE</b> of the following three (3) options below that applies:					
<input type="checkbox"/> At least 51% of the business is owned and controlled by low- or very low-income persons. <input type="checkbox"/> At least 51% of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing. <input type="checkbox"/> Over 75% of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers.					

**SECTION 3 BUSINESS CONCERN  
RESIDENT BUSINESS OWNER(S)**

**Name of Owner:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_ %

Check the appropriate box for your individual income based on your residential address:

Check Box	County Location of Business	Gross Individual Income Max.
<input type="checkbox"/>	Kenosha County, WI	\$53,050
<input type="checkbox"/>	Racine County, WI	\$51,200
<input type="checkbox"/>	Milwaukee County, WI	\$55,950
<input type="checkbox"/>	Waukesha County, WI	\$55,950
<input type="checkbox"/>	Ozaukee County, WI	\$55,950
<input type="checkbox"/>	Walworth County, WI	\$52,200
<input type="checkbox"/>	Lake County, IL	\$61,800
<input type="checkbox"/>	McHenry County, IL	\$61,800
<input type="checkbox"/>		

I certify that I am a resident of the identified County. My Total Individual Income (TII) last year was less than the amount shown above.

*If the business is owned by more than one (1) Section 3 resident, each should submit a separate Resident Business Owner Verification Form. List each owner below:*

I certify that the Section 3 residents listed below own at least 51% of the business.

Name	Position	Percentage of Ownership

I certify that the information provided is true, complete and accurate. I understand that businesses that misrepresent themselves as Section 3 business concerns and report false information to the City of Kenosha may have their contracts terminated and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the preceding information is correct to the best of my knowledge.

<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

**SECTION 3 BUSINESS CONCERN  
75%+ LABOR HOURS PERFORMED BY SECTION 3 WORKERS**

A business can also be certified as a Section 3 Business Concern if at least 75% of the labor hours performed for the business over the prior three (3) month period are performed by Section 3 workers as defined by their County of residence, or were Section 3 workers within five (5) years of the date of first employment with the business.

For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for employees.

\_\_\_\_\_ Total number of labor hours performed for business over prior three (3) months

\_\_\_\_\_ Total number of labor hours performed by Section 3 workers \*

\_\_\_\_\_ Percent of labor hours performed by Section 3 workers

\* Refer to the Income Chart on page 3 for workers' County of Residence. Section 3 workers are also workers whose income met the income limits within five (5) years of first employment with your business.

I certify that the information provided is true, complete and accurate. I understand that businesses that misrepresent themselves as Section 3 business concerns and report false information to the City of Kenosha may have their contracts terminated and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the preceding information is correct to the best of my knowledge.

<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

**Businesses that are certified as Section 3 businesses are valid for one year.**

**FOR ADMINISTRATIVE USE ONLY**

Is the business a Section 3 business concern based upon their certification?

**YES**

**NO**

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR FILES FOR FIVE YEARS**