

**CITY OF KNOXVILLE  
M/W/SBE BUSINESS DEVELOPMENT PROGRAM  
BUSINESS PROFILE**

<b>Return To:</b> <b>Joshalyn Hundley</b> <b>City of Knoxville</b> <b>P.O. Box 1631</b> <b>Knoxville, TN 37901</b>
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Status: (Check all that apply)

African American    Asian American    Hispanic American    Native American    Woman    Small Business

Type of Work:    Contractor    Services/Sales    Professional Services    Manufacturing    Other

Firm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Construction Only: State of Tennessee License Number: \_\_\_\_\_ License Classification: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

Complete if your company is non-construction:

Business License Number: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

Specialty:

Company Established (Year): \_\_\_\_\_

Type of work typically contracted/subcontracted or service provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bonding Capability?    Yes    No   Bondable Amount: \_\_\_\_\_

Type of Insurance:	General Liability:	Limits: _____
	Auto Liability:	Limits: _____
	Errors and Omissions: ( <i>Professional Services Only</i> )	Limits: _____
	Workers Compensation:	Limits: _____

References:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

***I certify that the above information is true and correct.***

\* The information submitted will only be used to increase the participant's market availability and reporting purposes.