



600 E. Fourth Street, 9<sup>th</sup> Floor  
Charlotte NC 28202  
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Email: CharlotteBusinessInclusion@charlottenc.gov

## **MWBE Relevant Market Area Certificate**

*Please complete, sign, date, and mail this certificate to the address above.*

I, \_\_\_\_\_, own at least fifty-one percent (51%) of  
(Your Full Name)

\_\_\_\_\_, have full knowledge of the  
(Name of Business Enterprise)

operations of this business enterprise and hereby attest to each of the following:

1. The business enterprise listed above is certified with the State of North Carolina Historically Underutilized Business (NC HUB) Office as a:

- Minority Business Enterprise
- Women Business Enterprise

2. The business enterprise listed above has as a significant business presence in the Charlotte Combined Statistical Area (CSA), specifically in the following localities(check all applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Anson County, NC     | <input type="checkbox"/> Lincoln County, NC     |
| <input type="checkbox"/> Cabarrus County, NC  | <input type="checkbox"/> Mecklenburg County, NC |
| <input type="checkbox"/> Chester County, SC   | <input type="checkbox"/> Rowan County, NC       |
| <input type="checkbox"/> Cleveland County, NC | <input type="checkbox"/> Stanly County, NC      |
| <input type="checkbox"/> Gaston County, NC    | <input type="checkbox"/> Union County, NC       |
| <input type="checkbox"/> Iredell County, NC   | <input type="checkbox"/> York County, SC        |
| <input type="checkbox"/> Lancaster County, SC |   |

3. Please attach/provide a copy of the NC-HUB certification letter along with this document to CBI.

4. Please share the commodity codes your business can engage in:

\_\_\_\_\_

On behalf of the applicant business enterprise and with acknowledgment of the remedies set forth in Section 2.19 of Part E of the CBI Program, the undersigned certifies that the information provided in this certification is accurate in all respects, and that this CBI Program Relevant Market Certificate contains no false or misleading statements or omissions regarding any matter relevant to the CBI Program.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

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