

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

**Return To:  
Community Relations  
City of Knoxville  
P.O. Box 1631  
Knoxville, TN 37901**

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.