



Elk Grove Village Vendor Ownership Status Form

**Completion required ONLY if you are a Minority, Women,
Disability or Veteran-Owned Business**

Business Name:	Address:	City:	State:	Zip:
Primary Contact Person:	Official Capacity:	Phone:	Email:	
Status of Ownership: <input type="checkbox"/> Minority-Owned Business <input type="checkbox"/> Women-Owned Business <input type="checkbox"/> Disability-Owned Business <input type="checkbox"/> Veteran-Owned Business	How are you certifying? <input type="checkbox"/> Certificates Attached <ul style="list-style-type: none"> <input type="radio"/> Email documentation to AP@elkgrove.org (recommended) <input type="radio"/> Mail documentation to Attn: Accounts Payable 901 Wellington Avenue, Elk Grove Village, IL, 60007 <input type="checkbox"/> Self-Certifying <i>If you selected 'certificates attached'. Please attach to this form before delivery.</i>			
If you are self-certifying, please also review and check the following, if applicable. <input type="checkbox"/> Small Business (as set by the SBA standards defined at www.sba.gov)				
I hereby certify that the information supplied in this form is correct and to the best of my knowledge and belief. I authorize the Village of Elk Grove to verify and on this information as needed.				
Signature: _____ Title: _____				
Name: _____ Date: _____				