



MANASOTA
BLACK CHAMBER
OF COMMERCE

MBCC ACCREDITATION

ENROLL YOUR BUSINESS TODAY!

The following Application for MBCC  Accreditation with the Manasota Black Chamber of Commerce (MBCC) is for the use of MBCC members to identify businesses who offer goods or services who have been verified by MBCC to be in good standing and meet the criteria listed herein.

MBCC  Accreditation is only available to MBCC members who are current with their dues and have a completed application on file.



1 Submit Your Application

No Deadline

Send completed application
& fee to MBCC

2 MBCC Reviews Application

MBCC verifies information

Our goal is to complete the review
within 30 days

3 Decision Reached

Status Determined

Applications will either be approved
or will require more information



MBCC

ACCREDITATION

APPLICATION

All sections of this application must be filled out. All applications must be accompanied by an application fee of \$100. Upon receiving a completed application, MBCC will perform a review and issue a determination.

Special Note to All Applicants: Submittal of a complete application shall not operate to create any rights or constitute any grounds for MBCC to approve the application. MBCC reserves the right to deny any application. All costs incurred by applicants complying with the requirements of this application shall be at their own risk.

Costs associated with obtaining an authorization are non-refundable and shall be assumed by the applicant. MBCC is not promising any advertising, exposure, return on investment, referral(s), or any other incentive for applicants to apply.

ADDITIONAL DOCUMENTS NEEDED

The following must be completed and attached to this application for consideration. All information will be kept confidential.

- Employment Identification Number (EIN)
- Business Checking Account Statement (Redacted)
- Proof of physical mailing address
- Non-refundable \$100 application fee. Checks can be made out to Manasota Black Chamber of Commerce or payment can be made by going to www.manasotabcc.org/accreditation

| APPLICANT INFORMATION | | |
|---|--------------------------|--------|
| Business Name: | | |
| Contact Name: | Title: | |
| Address: | | |
| City: | State: | Zip: |
| Phone (1): | Phone (2): | Fax: |
| Email Address: | Website: | |
| TYPE OF BUSINESS | | |
| Nature of Business: | | |
| Customer Base: | Areas/Industries Served: | |
| Date of Incorporation: | | |
| LICENSES/PERMITS/AUTHORIZATIONS | | |
| If your business requires any licenses, permits, or other authorizations to operate, please list below the issuing agency with corresponding number. Attach additional sheets if necessary. | | |
| License/Permit/Authorization #1 | | |
| Issuing Agency | | |
| Issuance Date | Expiration Date | |
| License/Permit/Authorization #2 | | |
| Issuing Agency | | |
| Issuance Date | Expiration Date | |
| License/Permit/Authorization #3 | | |
| Issuing Agency | | |
| Issuance Date | Expiration Date | |
| BUSINESS REFERENCES | | |
| Please provide two business references. | | |
| Reference #1 | | |
| Name: | Phone #: | Email: |
| Reference #2 | | |
| Name: | Phone #: | Email: |

COMPLETE THE APPLICATION



Mail to:
P. O. Box 981
Oneco, FL 34264



Online:
bit.ly/mbccccheck