

**Application for
Knox County Mentor Protégé Program**

In order to be a participant in the Mentor Protégé Program you must first be registered as a **Knox County Vendor**.

To register go to www.knoxcounty.org/purchasing

**SECTION I:
Business Profile**

Name of Firm: _____ Telephone: _____

Address: _____ E-mail: _____@_____ Fax: _____

City: _____ County: _____ State: _____ Zip: _____

Knox County Vendor # _____

This firm was established on _____
Month/Date/Year

I (We) have owned this firm since: _____
Month/Date/Year

The firm is (check all applicable): A For-Profit Business A Proprietorship A Corporation A Partnership A Limited Liability Company A Broker

The average number of employees the firm (with its affiliates) had during the past 12 months was _____. The average annual revenues for the firm (and its affiliates) during the last three years was \$ _____.

All applicants must attach a detailed explanation, including supporting documentation, noting the section and question number for each "Yes" response to the following questions:

1. Is the firm delinquent in filing any applicable business tax returns?
 Y N
2. Does the firm have any past due taxes or any other delinquent federal, state or local financial obligations outstanding or liens filed against it? Y N
3. Are there any lawsuits pending against the firm? Y N
4. Has the owner(s) or any individual who has an ownership interest in the firm been delinquent in filing his/her personal federal or local tax returns?
 Y N

5. Has the owner(s) or any individual who has an ownership interest in the firm transferred any personal assets during the last two years to any immediate family members for less than fair market value? Y N
6. Has the owner(s) or any individual who has an ownership interest in the firm been convicted of a felony or misdemeanor? Y N
7. Has the manager(s) or any individual who has supervisory responsibilities in the firm been convicted of a felony or misdemeanor? Y N
8. Have any of the employees been convicted of a felony or misdemeanor?
 Y N

SECTION II

Business Management and Administration

Please provide the following information on all owners, directors, management members, and officers
(add additional pages if necessary):

Name	Position in Firm	Percentage of Ownership Interest in Firm	Hours Devoted to the Management of Firm	Socially and Economically Disadvantaged (Y/N)

I hereby certify that the information provided in this application and supporting documents relating to the applicant, to me personally, and my status is true and accurate.

By: _____
 Signature of Owner Date

 Signature of Co-Owner (if applicable) Date

