

**METROPOLITAN PIER AND EXPOSITION AUTHORITY**

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE PROFILE  
(IF APPLICABLE)**

**Project Name:** \_\_\_\_\_

**Respondent/** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Identify Respondent's M/WBE status:**

- Minority-Owned Business Enterprise (MBE)  
 Women-Owned Business Enterprise (WBE)

**2. Gender: Race/Ethnicity: Type of Firm:**

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Partnership                     |
| <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic American      | <input type="checkbox"/> Sole Proprietorship             |
|                                 | <input type="checkbox"/> Asian American         | <input type="checkbox"/> Corporation                     |
|                                 | <input type="checkbox"/> Native American        | <input type="checkbox"/> Limited Liability Company (LLC) |
|                                 | <input type="checkbox"/> White American         | <input type="checkbox"/> Other _____                     |

**3. If Respondent is certified as a MBE or WBE, please attach copy(s) of all current certifications.**

**4. If Respondent's certification is pending, check this box .**

**Identify Agency certification is pending with:** \_\_\_\_\_

**Please attach a copy of the letter from the Agency verifying that certification is pending.**

**Direct questions to:**

**McCormick Place | SMG  
301 East Cermak Road; Chicago, Illinois 60616  
Telephone: (312) 791-6333  
Email: TWright@mpea.com  
Attention: Tiffany Wright, Business Diversity Program Manager**