



St. Louis County, MN

ST. LOUIS COUNTY, MINNESOTA

Contractor Profile Form

HUD Entitlement Programs

Form

1008

Rev. 10-19-2023

This form is used to provide needed information to St. Louis County and to give authorization to designate an employee who is not the company owner or corporate officer to sign Certified Payroll reports. For more information: www.stlouiscountymn.gov/communitydevelopment

General Information

Date:	Project/Contract Number:
Project Name:	Project Location:
Contractor/Business Name:	Contact Person:
Business Mailing Address:	
Phone:	Email:
Work to be Performed:	
Is this the: Prime Contractor <input type="checkbox"/> or a Subcontractor <input type="checkbox"/> ?	Federal Tax ID #:
List of Subcontractor(s), if applicable: *Each subcontractor must also complete and sign Form 1008	
1. _____	2. _____
4. _____	5. _____
7. _____	8. _____
Is this a sole proprietorship or partnership business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this a Women's Business Enterprise (WBE)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a Minority Business Enterprise (MBE)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Which numeric code best indicates the racial/ethnic character of the owner(s)/controller(s) of 51% of the business?: _____	
1=White 2=Black 3=Native Americans 4=Hispanic 5 = Asian/Pacific 6 = Hasidic	

Authorization to Sign Payroll (If Applicable)

Complete this section if someone other than the owner or corporate officer will be signing the payroll reports.

(Printed Name of Person Authorized to Sign)

Whose signature appears below, is authorized to supervise the payment of the business firm's employees and to sign the Statement of Compliance Form for the above-named project. That appointee, confirmed by the owner or corporate officer certifying this form, is in a position to have full knowledge of the facts set forth in the weekly payroll and in the statement of compliance.

(Signature of Person Authorized to Sign)

Certify Completion

An owner or corporate officer must sign to certify completion of this form and, if applicable, certify the authorized appointee to sign payroll reports.

(Printed Name of Owner or Corporate Officer) _____
(Signed Name of Owner or Corporate Officer) _____
(Title if Corporate Officer)

Contact Planning and Community Development**Duluth Office**

Government Services Center
320 W 2nd Street, Suite 301
Duluth, MN 55802

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Toll Free (800) 450-9777
www.stlouiscountymn.gov/communitydevelopment

Virginia Office

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201 South 3rd Avenue West
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