

**Ohio Rehabilitation Services Commission
Bureau of Services for the Visually Impaired
Business Enterprise Program**

Facility Application

Application for Facility # _____

Applicant Name: _____

Operator # _____

Business Address: _____

Telephone # _____

Current Facility # (if applicable) _____

Facility Address: _____

Length of time at current facility: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION, IF APPLICABLE:

In order to be considered an eligible applicant Operators and Licensees must submit:

1) Current state of Ohio vendor's license issued by the Ohio Department of Taxation or County Auditor's office.

- a) If you are a current operator selling taxable items this is **required**.
- b) If you are a current operator please explain in the space below why/where you are **NOT** selling taxable items and therefore **NOT** required by the Ohio Department of Taxation to hold a vendor's license.
- c) If you are a licensee and not assigned a Bureau Temporary Operator Agreement or a Bureau Operator Agreement you are not required to provide this information therefore please note in space below.

2) Current Workers Compensation Certificate (**required if you have an employee**).

- a) If wages appear on your MOR(s), please explain to the Selection Panel why a BWC Certificate is not included with your Facility Application for the Selection Panel's consideration (**a letter is required from BWC acknowledging coverage is "not necessary" for wages paid for labor used in your current facility**).

Scoring documentation (include copies with application):

- 1) Current Food Safety and Sanitation Certificate (**required for 1 point**).
- 2) Cleaning schedule for current facility verified by a facility inspection (**recommended for 1 point**).
- 3) Current CPR/first aid certificate (**required for 1 point**).
- 4) Documentation of in-service training received during the past twenty-four month (**required for up to 2 points**).
- 5) Verifiable documentation of college degree or 5 years business management experience ó include contact information (**required for 1 point**).
- 6) Job descriptions for each current employee and must be on file with BE **PRIOR** to facility vacancy closing date (**required for 1 point**).
 - a) If applicant has no employees please note in the space below (**required for 1 point**).

- 7) Copy of marketing strategy implemented **within past two years** (**required for 1 point**).

Certification

I certify that the answers I have made to all of the questions in this application are true and accurate to the best of my knowledge. I understand that if this application is not completed in its entirety, or I attempt to obtain a facility through fraud, falsification, or criminal activity, I will be automatically disqualified. I further understand that assignment to a facility may be contingent upon the results of a background check, and a drug test consistent with any Drug-Free Workplace program.

Applicant's Signature _____ **Date** _____