

**Minority Enterprise Development (MED) Week**  
**Minority Business Nomination Form – Established Business**



Each year the MED Week Committee of WNC, Inc. recognizes outstanding minority owned businesses in retail, wholesale, service, manufacturing, construction and restaurant as well as an overall winner, the Minority Business Person of the Year.

- To be considered, nominees must meet ALL of the following criteria:
- 1) At least 51% of the business must be owned by an ethnic minority.
  - 2) Business must be located in Madison, Buncombe, Henderson, Transylvania, Macon, Clay, Cherokee, Graham, Swain, Haywood, or Jackson County.
  - 3) Business must have been open for at least two (2) years.
  - 4) A **complete and signed** nomination form must be submitted before **August 1, 2016**.

**A. General Information**

1. Name of Nominee \_\_\_\_\_

2. The nominee owns \_\_\_\_\_ % of the business

3. Business Name \_\_\_\_\_

4. Business Address \_\_\_\_\_

5. Business Start Date \_\_\_\_\_ 6. Email \_\_\_\_\_

7. Business Phone \_\_\_\_\_ 8. Best Contact Time \_\_\_\_\_

9. Category of Business : (check one)    **Retail**    **Wholesale**    **Service**    **Manufacturing**  
 **Construction**    **Restaurant**

10. Ethnic group(s) of Nominee:    **African American**    **Asian American**  
 **Hispanic American**    **Native American**    **Aleut and Pacific Island American**

11. Describe your business: products, services, & obstacles overcome.

\_\_\_\_\_

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12. Describe your market area. (i.e. Buncombe County, Western North Carolina, U. S., Global)

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\_\_\_\_\_

\_\_\_\_\_

13. Number of employees in    2013: \_\_\_\_\_ 2014: \_\_\_\_\_ 2015: \_\_\_\_\_ Currently: \_\_\_\_\_

**B. Accomplishments & Community Involvement**

1. List outstanding or notable achievements during the past two years (Certifications, Licenses, Awards, and Memberships for the business or owner).

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2. Describe any involvement in community activities or volunteer work in the last two years.

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3. Describe your plans for the business for the next two years.

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4. Provide any additional information or materials including brochures (5 page maximum).

**C. Other Information**

1. How did you hear about the MED Week Awards? \_\_\_\_\_

2. Have you worked with any business assistance organizations? (Check all that apply)

- Community College Small Business Center**    **Mountain BizWorks**    **SBTDC**  
 **Chamber of Commerce**    **Cherokee Small Business Center**    **Self-Help Credit Union**  
 **City of Asheville Minority Business Program**    **Other:** \_\_\_\_\_

By signing this form, you verify that everything in this form and any additional materials is accurate. We ask that you attend the Awards Reception on Thursday, September 29<sup>th</sup> 2016. You may also be asked to participate in a video interview about your business.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Nominations must be received by **August 1, 2016.***  
Mail nomination forms and supporting documentation (5-page maximum) to:  
MED Week Committee of WNC, Inc.  
c/o Business Award Selection Committee  
P. O. Box 1744, Asheville, NC 28802  
or [wncmedweek@yahoo.com](mailto:wncmedweek@yahoo.com) (scan signed nomination form)