



# Oneida Tribe of Indians of Wisconsin

P.O. BOX 365, ONEIDA, WI 54155-0365

## GAS TAX EXEMPTION APPLICATION

1. I understand this Gas Tax Exemption is for my personal use only and that this card cannot be transferred.
2. I agree that if my Tribal ID is lost or stolen, I will report it to the Oneida Enrollment Department immediately.
3. I understand, if anyone attempts to use my Tribal ID other than myself, my Tribal ID may be confiscated.
4. I understand this Gas Tax Exemption is valid for only one year and it is my responsibility to re-apply each year.
5. I the undersigned, under penalty of perjury, depose and say that all of the information provided is true and correct.

### Part I: State of Wisconsin

#### **CERTIFICATE OF FUEL TAX EXEMPTION EXEMPT SALES OF GASOLINE AND UNDYED DIESEL FUEL** Sections 78.01(2) & (2m), Wis. Stats.

**EFFECTIVE DATE:** THIS EXEMPTION CERTIFICATE IS VALID FOR ONE YEAR FROM THE DATE IT IS SIGNED BY THE CUSTOMER AND SUPPLIER UNLESS CANCELED BY THE CUSTOMER, SUPPLIER OR DEPARTMENT.

Effective Date: \_\_\_\_\_ (enter date signed by customer and supplier)

Expiration Date: \_\_\_\_\_ (one year from effective date; time to execute another exemption certificate)

Name of Customer (please print)		Social Security Number	
Street Address		City, State, Zip Code	
Birth Date / /	Oneida Enrollment Number	Telephone Number ( ) -	
Signature of Customer		Date Signed	
This Exemption is for fuel sold on the Oneida Indian Reservation to an enrolled member of the Oneida Tribe. *Customer must be prepared to substantiate usage if requested by representative of the department.			
Name of Supplier (please print) <b>ONEIDA RETAIL ENTERPRISE</b>		Address of Supplier <b>PO BOX 365, ONEIDA WI 54155-0365</b>	
Signature of Supplier		Date Signed	

**PENALTIES:** Any person who provides false or fictitious information on the exemption certificate or uses the fuel purchased tax-exempt in a manner not stated on the exemption certificate may be subject to tax, interest, penalties, and fined not more than \$500 or imprisoned not more than 6 months or both [section 78.73(1), Wis. Stats.].

### Part II: Division of Land Management

- I certify that the above address **IS** within the boundaries of the Oneida Reservation and that I am a representative of the Oneida Division of Land Management.
- I certify that the above address **IS NOT** within the boundaries of the Oneida Reservation and that I am a representative of the Oneida Division of Land Management.

\_\_\_\_\_  
Land Management Representative Signature Title Date

### Part III: Enrollment Department

I certify that the above individual is an enrolled member of the Oneida Tribe of Indians of Wisconsin and that I am a representative of the Oneida Enrollment Department.

\_\_\_\_\_  
Enrollment Representative Signature Title Date