

# Vendor License Application

Name of Vendor: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Vendor Address:**

Doing Business As: \_\_\_\_\_

Contact: (Agent or Sales Representative): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Identification Number or Soc. Sec. #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Type of Business:**

Vendor \_\_\_\_\_ Contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_ Consultant \_\_\_\_\_ Food Vendor \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Is your firm at least 51% Native American Owned? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be doing business primarily with gaming? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please List Service or Most Common Items Sold:**

Real Estate \_\_\_\_\_ Electrical \_\_\_\_\_ Air Conditioning/Heating \_\_\_\_\_ Building \_\_\_\_\_

Plumbing \_\_\_\_\_ Other \_\_\_\_\_ (if checked please explain below)

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This is an application for the sale of goods and services within the exterior boundaries of the Oneida Nation Reservation and to any tribally owned and/or operated business. The Vendor's Licensing Ordinance sets out the requirements for these sales and services. A copy of the Vendor Ordinance will be available upon request.

Are you currently or have you ever been engaged in a lawsuit with the Oneida Tribe of Indians of Wisconsin? Yes\_\_\_\_ No\_\_\_\_

All information given for purposes of receiving a vendor's license for doing business with the Oneida Tribe of Indians of Wisconsin, may be subject to review or internal audit, however to protect licensed individuals and entities from undue invasion of privacy, the information reviewed will be restricted for internal governmental use only and will not be publicly disclosed nor used for publication in any manner.

A Certificate of Insurance copy will be required from each business entity before application will be accepted.

Fee paid at time of application. If the fee is not paid no vendors license will be issued.

I hereby certify that the statements I have made in answer to the questions asked hereon are true and correct to the best of my knowledge and belief.

Misrepresentations or omissions of information provided by the applicant may result in suspension or revocation of this license.

\_\_\_\_\_  
(Print Name Here)

\_\_\_\_\_  
(Signature) (Date)

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**For Office Use Only:**

Received by the Oneida Compliance Office by: \_\_\_\_\_  
Tonya L. Webster, License Administrator Date

Fee Amount: \_\_\_\_\_ If none explain, \_\_\_\_\_

Approved\_\_\_\_ Denied\_\_\_\_ Insurance Received/Verified \_\_\_\_\_

Accounts Payable Vendor No. \_\_\_\_\_

Date License was issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Renewal \_\_\_\_\_

Comments: (If Any) \_\_\_\_\_  
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