Any person who knowingly or recklessly omits, falsifies, or otherwise misrepresents any material fact shall be subject to all applicable sanctions, penalties and any other applicable laws, regulations, or procedures of the Oneida Nation.

All information given for purpose of receiving certification for doing business with the Oneida Nation in Wisconsin may be subject to an internal audit.
ONEIDA NATION-Wisconsin
CORPORATE CERTIFICATION APPLICATION

BUSINESS NAME: _______________________________________________________
OWNER(S) NAME: _______________________________________________________
TRIBAL AFFILIATION: _________________________ ENROLLMENT NUMBER: ________
ADDRESS: ____________________________________________________________
CITY/COUNTY: _________________________________________________________
STATE/ZIP: ____________________________________________________________
BUSINESS PHONE: _______________________________________________________
FAX NUMBER: _________________________________________________________
CELL NUMBER: _________________________________________________________
PHONE NUMBER: _______________________________________________________
HOME PHONE: _________________________________________________________
E-MAIL ADDRESS: _______________________________________________________
WEB SITE: _____________________________________________________________
FEDERAL ID #: _________________________________________________________
DATE SUBMITTED: _______________________________________________________

1. Type Of Business/Service Provided:
   a. Banking/Finance
   b. Consulting
   c. Construction
   d. Delivery
   e. Door to Door
   f. Education/Training
   g. Food Service
   h. Gaming Equipment/Service
   i. Health Care Field
   j. Independent Sales
   k. Insurance
   l. Repair Service
   m. Retail
   n. Route Sales
   o. Transportation
   p. Other

2. Please submit a 2007 NAICS 6 digit code classifying your business. For help go to:
   www.naics.com/search.com

3. Date Business Established: _____________________________________________
   a. Total Percentage Native American Owned: _____________________________
   b. Principle Business Contact: _________________________________________
CORPORATE CERTIFICATION APPLICATION

4. Current Number of Employees:
   
   Native American: Full time ___________ Part time ___________
   Minority: Full time ___________ Part time ___________
   Non-Minority: Full time ___________ Part time ___________

5. Is this firm certified by one or more as follows: (If so, attach photocopy of each)
   
   ☐ Department of Development (DOD) ☐ Department of Transportation (DOT)
   ☐ Small Business Administration (SBA) County of ________________________________
   ☐ Minority Business ☐ Other ________________________________

6. List all location addresses currently used. Include Offices, Warehouse type facilities and work areas:
   __________________________________________________________________________
   __________________________________________________________________________

   a. List facilities that are private residences: ________________________________
   b. List all prior names used by your company: ________________________________

7. List individuals who are responsible for the following:
   
   a. Bonding/Surety loans: ________________________________ ________ % of time
   b. Contract/Negotiations: ________________________________ ________ % of time
   c. Financial Decisions: ________________________________ ________ % of time
   d. Management Decisions: ________________________________ ________ % of time
   e. Office Functions: ________________________________ ________ % of time
   f. Supervision Operations: ________________________________ ________ % of time

8. List any current Business relationships that involve shared space, equipment, financing, or shared employee agreements. Describe different companies that have one or more of the same owners (attach explanation):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

9. Does this firm have any working relationships/agreements (written or oral) with other business. If yes, describe these arrangements/agreements.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
ONEIDA NATION - Wisconsin
CORPORATE CERTIFICATION

The undersigned, ________________________, swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (name of firm) _____________________, as well as ownership status thereof.

Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on any project, the payment thereof, and any proposed changes, of the foregoing arrangements and to permit the examination of records, files of the firm or affiliate of said firm in connection with certification procedures. Any misrepresentation will be grounds for decertification.

"By completing this application I hereby affirm, under penalty of perjury, that the statements I have made herein are true and correct. I understand that if I am granted certification by the Indian Preference Department, my certification may be revoked at any time if it is discovered that any statements I have made on this application are false. I further understand that I may be subject to other sanctions if I commit fraud or misrepresentation in completing this application."

Applicant Name (Print): ________________________________Title:____________

Applicant Signature: ___________________________________ Date:_____________

Indian Preference Approval
Director’s Signature: ________________________________Date: ____________