SOLE PROPRIETOR CERTIFICATION CRITERIA

A. TRIBAL ENROLLED MEMBERSHIP CARD

B. ONE MILLION DOLLAR CERTIFICATE OF INSURANCE
   1. If working for the Oneida Tribe of Indians of WI:
      ▪ the Tribe shall be named as an Additional Insured;
      ▪ shall provide Workers’ Compensation insurance if contractors have employees;
      ▪ shall provide Auto liability insurance when vehicles are operated on Tribal premises;

C. CREDIT REFERENCE
   1. Bank letter establishing Line of Credit
   2. Supplier letter stating Line of Credit established

D. KEY PERSONNEL RESUMES
   1. Experience
   2. Education/Training
   3. Organizational Chart

E. BUSINESS PLAN

F. COMPANY STRUCTURE UPDATE-PRINCIPAL CHANGES
   4. Change of Ownership
   5. New address
   6. Additional phone numbers, fax number, cell number, etc

G. REFERENCES/PORTFOLIO

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 or review.
ONEIDA NATION
SOLE PROPRIETOR CERTIFICATION APPLICATION

BUSINESS NAME: ______________________________________________________________

OWNER(S) NAME: ______________________________________________________________

TRIBAL AFFILIATION: ____________________________ ENROLLMENT #: __________________

ADDRESS: ________________________________________________________________

CITY/COUNTY: _____________________________________________________________

STATE/ZIP: ________________________________________________________________

BUSINESS PHONE: __________________________________________________________

FAX NUMBER: _____________________________________________________________

CELL NUMBER: ____________________________________________________________

HOME NUMBER: __________________________________________________________

FEDERAL ID #: ____________________________________________________________

E-MAIL ADDRESS: __________________________________________________________

WEB SITE: __________________________________________________________________

DATE: ______________________________________________________________________

1. Type of service provided:
   a. Banking/Finance
   b. Consulting
   c. Construction
   d. Delivery
   e. Door to Door
   f. Education/Training
   g. Food Service
   h. Gaming Equip./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. Go to www.naics.com/search.htm

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Date Business Established: _________________________________________________
   a. Total Percentage Native American Owned: ________________________________
   b. Principle Business Center: ____________________________________________
SOLE PROPRIETOR CERTIFICATION
APPLICATION

4. Current Number of Employees.

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Part time</th>
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</thead>
<tbody>
<tr>
<td>Native American</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Minority</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Non-Minority</td>
<td>_________</td>
<td>_________</td>
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</tbody>
</table>

5. Is your 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 the 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 any other business. If yes, describe these arrangements/agreements.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
I, ______________________________, the undersigned, swear 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: ________________________________ Title_____________________________
(Print)

Applicants Signature: ________________________________ Date: _____________

Approved by the
Indian Preference Director:

Signature ________________________________ Date: _____________