

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)

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)

*** For future communications (renewal notices, certificates, etc.), would you prefer to receive any communications electronically through email or physically by mail?**

Physical Copy _____

Electronic Copy _____ Send to Email Address: _____

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) _____
