

ONEIDA NATION - WISCONSIN

INDIAN PREFERENCE DEPARTMENT

PURPOSE: STRIVE FOR 100% ONEIDA WORKFORCE

ONEIDA NATION DIVISION OF PUBLIC WORKS

W1278 RANCH ROAD

P.O. BOX ONEIDA WI 54155

OFFICE PHONE NUMBER 920-869-1059. EXT. 2016

LIMITED LIABILITY COMPANY CERTIFICATION CRITERIA

- A. TRIBAL ENROLLED MEMBERSHIP CARD
- B. ONE MILLION DOLLAR CERTIFICATE OF INSURANCE
 - 1. IF WORKING FOR THE ONEIDA NATION OF WISCONSIN:
 - THE ONEIDA NATION SHALL BE NAMED AS AN ADDITIONAL INSURED;
 - SHALL PROVIDE WOKER'S COMPENSATION INSURANCE IF CONTRACTORS HAVE EMPLOYEES;
 - SHALL PROVIDE AUTO LIABILITY INSURANCE WHEN VEHICLES ARE OPERATED ON ONEIDA NATION PREMISES;
- C. CREDIT REFERENCES
 - 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. PROOF OF WISCONSIN STATE LLC
- F. REFERENCES/PORTFOLIO
- G. BUSINESS PLAN (IF BUSINESS IS LESS THAN THREE (3) YEARS OLD)
- H. COMPANY STRUCTURE UPDATE-PRINCIPAL CHANGES
 - 1. CHANGE OF OWNERSHIP
 - 2. NEW ADDRESS
 - 3. ADDITIONAL PHONE NUMBERS, FAX NUMBERS, CELL NUMBERS, ETC.

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 - WISCONSIN

LIMITED LIABILITY COMPANY CERTIFICATION APPLICATION

BUSINESS NAME			
OWNER(S) NAME			
TRIBAL AFFILIATION		ENROLLMENT #	
ADDRESS			
CITY/COUNTY			
STATE/ZIP CODE			
BUSINESS PHONE			
FAX NUMBER			
CELL PHONE NO.			
HOME PHONE NO.			
FEDERAL ID #			
E-MAIL ADDRESS			
WEB SITE			
DATE			

1. Type of service provided:

A	Banking/ Finance		I	Health Care Field	
B	Consulting		J	Independent Sales	
C	Construction		K	Insurance	
D	Delivery		L	Repair Service	
E	Door to Door		M	Retail	
F	Education/Training		N	Route Sales	
G	Food Service		O	Transportation	
H	Gaming Equipment/Service		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: _____

Total Percentage Native Owned	
Principle Business Center	

ONEIDA NATION - WISCONSIN

LIMITED LIABILITY COMPANY CERTIFICATION APPLICATION

4. Current Number of Employees

	Full Time	Part Time
NATIVE AMERICAN		
MINORITY		
NON-MINORITY		

5. Is your firm certified by one or more as follows: (If so, attach photocopy of each)

<input type="checkbox"/>	Department of Development (DOD)	<input type="checkbox"/>	Department of Transportation (DOT)
<input type="checkbox"/>	Small Business Administration (SBA) County of:		
<input type="checkbox"/>	Minority Business	<input type="checkbox"/>	Other:

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

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 of 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. NO YES

**ONEIDA NATION - WISCONSIN
LIMITED LIABILITY COMPANY CERTIFICATION**

I, _____, the undersigned, swear that the forgoing 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 the Oneida Nation’s 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	
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Applicant’s Signature		Date	
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Approved by the Indian Preference Director: _____

Signature		Date	
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