



For Office Use Only		
New	Renew	Update
Vendor #: _____		
Tracking #: _____		
CSRA Ref #: _____		

Vendor License Application *(Incomplete applications will not be accepted)*

Company/Vendor Name: _____

DBA (If Applicable): _____

Federal Identification / Tax Identification Number / Social Security # (Pick one): _____

North American Industry Classification Systems (NAICS) Code*: _____

*Visit <https://www.naics.com/search/> to identify your business industry code. FAQs are also available online.

Primary Contact (Name of Representative): _____

Phone: _____ E-Mail Address: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Description of Products/Services to be Provided:

Provide who your company representative is primarily working with to establish an Oneida Nation vendor license:

Oneida Nation Contact: _____ Oneida Nation Department: _____

Other Contact Info: <i>(Indicate if same as Primary Contact)</i>	
Remittance To <i>(Payments, W-9, Finance)</i>	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____
Vendor License Compliance Contact	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____
Certificate of Insurance Contact (COI)	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____

Company/Vendor Payment Terms: _____ (If not specified, default is NET 30. **All payments are ACH.**)

Please answer the following questions that are required to process an Oneida Nation vendor license:

1. If you answer YES to any of the following four (4) questions, a Digital Security Cyber Risk Assessment is required.

- | | | |
|--|-----|----|
| a. Will you now or will you ever handle sensitive data, including but not limited to personal information, financial data? | Yes | No |
| b. Do you have to be concerned with regulatory compliances? (e.g. GDPR, HIPPA) | Yes | No |

c. Do you now or will you ever provide technology software, hardware, applications, mobile app, etc.?	Yes	No
d. Do you now or will you ever need access to the Oneida Nation network?	Yes	No
2. Is your company at least 51% Native American Owned?	Yes	No
3. Is your company primarily doing business with gaming?	Yes	No
4. Are you a current employee of the Oneida Nation? If yes, please provide an approved Independent Contractor agreement from the Oneida Law Office	Yes	No
5. Are you currently debarred from SAM.GOV?	Yes	No
6. Are you now, or have you ever been engaged in a lawsuit with the Oneida Nation?	Yes	No
7. Has your Oneida Nation Vendor License ever been revoked?	Yes	No

Read Carefully Before Signing: Under penalty provided by law, the undersigned states that the above information is accurate and each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signee hereby acknowledges and agrees to adhere to the Oneida Nation Code of Ethics Law. The Oneida Nation reserves the right to deny, revoke, or terminate vendor licensing for non-compliance.

Primary Contact (Name of Representative)

Signature

Date

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Risk Management

COI Approved: _____ Expiration Date: _____ Ins Notes: _____

COI Exempted: _____ COI Denied: _____ Denial Reason: _____

Reviewed by: _____ Date: _____

Licensing

Received by: _____ Rec'd Date: _____

Fee Received: Yes _____ Exempt _____ If Exempt, Category: _____

Digital Security Risk Assessment Form Received (If Applicable): _____ Acceptance Form Received: _____

COI Received: Yes _____ No _____ Notes: _____

IC Agreement Received (If Applicable): Yes _____ Law Office Review # _____

License Approved: _____ License Denied: _____ Denial Reason: _____

Date License was Issued: ____ / ____ / ____ License Expiration Date: ____ / ____ / ____

Notes: _____