

For Office Use Only							
New	Renew	Update					
Vendo	· #:						
Tracking	; #:						
CSRA Re	f #:						

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

Company/Vendor Name:					
DBA (If Applicable):					
Federal Identification / Tax Identification Nur	nber / Social Secu	rity # (Pick on	e):		
North American Industry Classification System *Visit <a href="https://www.naics.com/search/">https://www.naics.com/search/</a> to iden					
Primary Contact (Name of Representative): _					
Phone: E-M	ail Address:				
Company Address:					
City:	State:	Zip:			
Description of Products/Services to be Provid	ded:				
Provide who your company representative is Oneida Nation Contact:					
Other Contact Info: (Indicate if same as Prin	nary Contact)				
Remittance To (Payments, W-9, Finance) Name:	Address: _				
Email:					
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:  Please answer the following questions that					
<ol> <li>If you answer YES to any of the following required.</li> </ol>					
<ul><li>a. Will you now or will you ever hand personal information, financial dat</li><li>b. Do you have to be concerned with</li></ul>	a?	· ·			es No es No

d. Do you now or will you ever need access to the Oneida Nation network?  2. Is your company at least 51% Native American Owned?  3. Is your company primarily doing business with gaming?  4. Are you a current employee of the Oneida Nation? If yes, please provide an approved Independent Contractor agreement from the Oneida Law Office  5. Are you currently debarred from SAM.GOV?  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 Has your Oneida Nation Vendor License ever been revoked?  8. 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  FOR OFFICE USE ONLY  COI Approved: Expiration Date: Ins Notes: Oneida Nation reserves the right security Risk Assessment Form Received (If Applicable): Acceptance Form Received: Oligital Security Risk Assessment Form Received (If Applicable): Acceptance Form Received: Oligital Security Risk Assessment Form Received (If Applicable): Acceptance Form Received: Oligital Security Risk Assessment Form Received (If Applicable): Law Office Review If License Approved: License Denied: Denial Reason: License Expiration Date: /    Date License Approved: License Denied: Denial Reason: License Expiration Date: /		c. Do you now or will you ever provide technology software, hardware, applications, mobile app, etc.?	Yes	No		
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