



NAOB Applicant questionnaire

Business Name _____ Date _____

Has this business or owners/co-owners been debarred or suspended from contracting with any tribes, department or agency of the state or federal government () Yes () No

If "Yes", please explain and include the name of person or business, date of action; type of action, and with whom:

Has your firm ever had any licenses, permits or authorizations revoked? () Yes () No

If "Yes", please explain actions taken:

Number of Employees: _____ Full-time _____ Part-time

Number of Native American Employees: _____ Full-time _____ Part-time

Is your business co-located at any of its businesses locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization or entity? () Yes () No

If "Yes", Identify: Business Name: _____

Explain relationship:

At present, or at any time in the past, has your business:

Been a subsidiary of any other firm () Yes () No

Owned any percentage of any other business () Yes () No

If you have answered "Yes" to any of the following questions, identify the following for each (*attach additional sheets if needed*)

Name	Address	Type of Business
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Does any of your immediate family members own or manage another company?

() Yes () No If "Yes" then list (*attach additional sheets if needed*)

Name	Relationship	Company	Type of Business	Own/Manager
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