

TULALIP TERO 6103 31ST AVE NE TULALIP, WA 98271



Phone (360) 651-3732 Fax (360) 651-3474

NATIVE OWNED BUSINESS CERTIFICATION

1. FIRM IDENTIFICATION

Name of Firm: _____

Applicant: _____ Phone: _____

Type of Business: _____

Summary of Business: _____

Tribal Affiliation: _____ Enrollment Number: _____

Business Phone: _____ Fax: _____

E-mail or Web site: _____

Business Address: _____

City: _____ State: _____ Zip: _____

2. BUSINESS REGISTRATIONS, CERTIFICATIONS & LICENSES

State ID No.: _____ Federal ID No.: _____

Tulalip Tribes Business No.: _____

Certification with State Office of Minority and Women Business Enterprise (OMWBE),
Disadvantage Business Enterprise (DBE), provide copy of Certification Approval

State(s) Certified: _____

Small Business Administration 8(a) Certification No: _____ Exp: _____
(Please provide copy of certification approval)

Years of Operation: _____

Note any other firm capabilities by describing other products/services your firm offers:

Number of employees for the firm including owner(s):

_____ Full-time _____ Part-time

Number of Native American employees:

_____ Full-time _____ Part-time

Does this firm have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? If yes, explain and include the name and address of subsidiary, affiliate or another concern. Describe the relationship in detail.

Number of employees for affiliates and/or subsidiaries:

_____ Full-time _____ Part-time

Please list other business name(s) previously used:

3. OWNERSHIP

A. Type of ownership (check One)

_____ Sole Proprietorship

_____ Partnership (attach copy of any partnership agreement with all amendments since creation of partnership)

_____ Corporation (attach copy of the Certificate of Incorporation, Articles of Incorporation, and Bylaws, including all amendments since creation of the corporation)

B. Percentage of Indian Ownership: _____

C. For each Indian owner, provide name, address, tribal affiliation, enrollment number, percentage of ownership, amount of investment in the firm, method of investment (cash, equipment, loan or promissory note indicating who the loan is from), percent of voting control and position in the firm.

- D. For each non-Indian owner, list name, address, percent of ownership, amount of investment in firm, method of investment (cash, equipment, loan or promissory note indicating who the loan or not is from), percent of voting control, position in firm, name of all other firms in which the owner holds or had within the past year held and ownership interest (other than publicly-held corporations and similar ownerships sole for investment) or a management portion.
- E. List any management fee, equipment rental, bonuses or other arrangements that will provide payment to non-Indian owners beyond their share of profits and salaries, as indicated above.
- F. 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:

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

If yes, please explain actions taken:

4. MANAGMENT

- A. For each owner, senior management personnel and members of the Board of Directors provide the following:
1. Name, address and Social Security Number, If Indian Tribe and Enrollment Number
 2. Present Position (description of all duties)
 3. Previous business experience
 4. Previous work experience in areas in which firm intends to engage
 5. Education and training
 6. Other jobs presently held

B. Control of Company, Identify by name, race and title in company of individuals (owners and non-owners) who are responsible for day-to-day management, including, but not limited to, those with prime responsibility for:

1. Financial decisions
2. Management decisions, such as:
 - a. Marketing and sales;
 - b. Hiring and Firing;
 - c. Purchase of major equipment or supplies;
 - d. Supervision of field personnel

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify explain the operation of _____ (name of firm), as well as the ownership thereof. The undersigned, in addition, swears that this business is at least 51% owned by one or more members of a federally recognized Tribe whose management and daily business operations are controlled by one or more such individuals.

Any material misrepresented will be grounds for denial or revocation of certification of the TERO program.

Signature of owner/applicant: _____

Name (please Print/type): _____

Title: _____ Date: _____

On this _____ day of _____, 200__ before me appeared applicant _____, who being duly sworn did execute the foregoing affidavit, and did state that she/he was properly authorized by _____ (name of firm) to execute the affidavit and did so as her/his free act and deed.

Notary Seal here

Notary Public _____

State of _____

Commission expires _____

~~~~~ Office Space ~~~~~

( ) Approved ( ) Disapproved

Managers Signature \_\_\_\_\_ Date \_\_\_\_\_