

**SOUTHERN UTE INDIAN TRIBE  
TERO DIVISION**

P.O. Box 737, Ignacio, CO 81137  
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**INDIAN OWNED BUSINESS ANNUAL UPDATE**

1. Company name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Present number of employees, including subsidiaries & affiliates \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of Indian employees \_\_\_\_\_

Number of Southern Ute Tribal member employees \_\_\_\_\_

3. Indian owner information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

4. Percentage of Indian ownership \_\_\_\_\_ % \_\_\_\_\_ % voting control

Position in firm \_\_\_\_\_

5. Since your company's certification, has the ownership interest changed? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Since your company's certification, has the business structure changed? \_\_\_\_\_

If yes, please explained \_\_\_\_\_

\_\_\_\_\_

7. Since your company's certification, has the voting control changed? \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

8. Since your company's certification, has the management structure changed? \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

9. Submit current certification of insurance.

10. For each category, list those persons (including owners & non-owners) responsible for the following day to day management & operational decisions:

(a) Financial decisions \_\_\_\_\_

(b) Project cost estimation \_\_\_\_\_

(c) Marketing & sales \_\_\_\_\_

(d) Hiring & firing \_\_\_\_\_

(e) Purchase of major equipment or supplies \_\_\_\_\_

(f) Supervision of field personnel \_\_\_\_\_

(g) Obtaining insurance \_\_\_\_\_

#### APPLICANT AFFIDAVIT

I DECLARE UNDER PENALTY OF PERJURY AND ANY OTHER APPLICABLE TRIBAL, STATE, OR FEDERAL LAWS, THAT THE STATEMENT MADE ON THIS DOCUMENT ARE TRUE AND CORRECT, AND THAT IF ANY INFORMATION IS DETERMINED TO BE FALSE, ANY CERTIFICATION PREVIOUSLY GRANTED MAY BE SUSPENDED OR REVOKED.

\_\_\_\_\_  
**APPLICANT SIGNATURE**                      **TITLE**                      **DATE**

Date received Annual Update \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Action taken \_\_\_\_\_