

SOUTHERN UTE INDIAN TRIBE
TRIBAL EMPLOYMENT RIGHTS OFFICE
P.O. Box 737, Ignacio, CO 81137
Phone: 970-563-0117 Fax: 970-563-4824

Indian Owned Business Application for Certification

Please print or type. This information will be used to determine a firm's eligibility as an Indian Owned Business. Answer all questions and comply with any additional requests for information within ten (10) days of the request. Failure to do so may result in denial of the application. A non-refundable \$25.00 processing fee must accompany the completed application.

An applicant granted certification shall be issued a six (6) month probationary certification. During the probationary period, the Tribal Employment Rights Office (TERO) shall monitor the business' activities to ensure that the business is operating in a manner consistent with the information contained in its application. The business shall provide to TERO such information and documents as necessary to evaluate the business operation. At the end of the probationary period, the Tribal Employment Rights Commission shall take action to: 1) grant full certification; 2) continue the probationary period for up to six (6) months; or 3) deny certification.

If the applicant wishes to challenge TERO's probationary certification decision, an applicant may file a formal complaint with TERO within thirty (30) days of receipt of TERO's decision.

I. IDENTIFICATION

A. **Company Name (exactly as you want it to appear on all documents)**

Mailing Address _____

City _____ **State** _____ **Zip** _____

Business Telephone Number (_____) _____

Fax Number (_____) _____ **E-mail** _____

B. **Type of business (check the applicable)**

1. **Services** () **Professional** () **Construction** () **Non-professional**
() **Other (specify)** _____

2. **Supplier** () **Goods** () **Services** () **Equipment**
() **Other (specify)** _____

C. **Date business was established** _____

D. Legal structure: (check the applicable)

Sole-Proprietorship Corporation Partnership/Joint Venture
 Limited Liability Company

E. IRS Employer Identification Number _____

F. Present number of employees, including subsidiaries and affiliates:

Full-time _____ Part-time _____

Number of Indian employees _____

Number of Southern Ute Tribal Member employees _____

G. Primary contact person:

Name: _____

Address: _____

Telephone: _____

(Home)

(Business)

H. Describe in detail the business activities in which the firm intends to engage.

I. Percentage of Indian ownership _____%

J. Indian owner information:

Name: _____

Address: _____

Telephone: _____ E-mail _____

Tribal Affiliation: _____ Enrollment No. _____

Attach a copy of Certificate of Indian Blood.

_____ % Ownership _____ % Voting Control

Position in Firm _____

K. If another firm's owner holds an ownership interest or management position in this business, list names of the person, name of the firm, and identify owner's interest or management position _____

II. REQUIRED DOCUMENTATION

Applicants must submit copies of all legal documents pertaining to this business (i.e. partnership agreement, management agreement, consulting agreement, certificate of incorporation, articles of incorporation, by-laws, etc)

A. CORPORATION

Attach copies of certificate of incorporation, articles of incorporation, all amendments since creation of the corporation, by-laws, stock certificates and related documents.

1. Is any stock of the corporation subject to any lien, agreement, or court order, or is any stock beneficially owned by anyone other than the person whose name it bears? If yes, attach all such ownership documentation.

Yes No

2. Is any holder of stock in the corporation a party to a contingent agreement affecting the management or control of the corporation, or affecting the rights of the holders of any class of stock in the corporation (including the sale or transfer of the stock)? If yes, attach copy of any such agreement.

Yes No

3. State who is authorized under the articles of incorporation and by-laws to sign contracts on behalf of the corporation _____

4. List any management fee, consultant fee, equipment rental, bonus, or other arrangement that will provide payment to non-Indians beyond their share of profits and salaries and attach copies of any such agreements _____

5. Identify the firm's current Board of Directors:

Name	Title/Position	Tribal Affiliation	Date Elected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. PARTNERSHIP/JOINT VENTURE

Attach copies of the partnership/joint venture agreements and any related documents, such as a buy-sell agreement, management agreement, consulting agreement, equipment rental agreement, etc.

- 1. List names of all partners, percentage of partnership interest, tribal affiliation, and position in firm.**

Name	Tribal Affiliation	Enrollment No.	Position in Firm
_____	_____	_____	_____
_____ % Ownership		_____ % Voting Control	

Name	Tribal Affiliation	Enrollment No.	Position in Firm
_____	_____	_____	_____
_____ % Ownership		_____ % Voting Control	

Name	Tribal Affiliation	Enrollment No.	Position in Firm
_____	_____	_____	_____
_____ % Ownership		_____ % Voting Control	

Additional partners may be listed on a separate attached sheet.

2. Describe how each partnership interest was acquired and the consideration for the partnership interest.

Name	Description of Acquisition	Consideration
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Name	Description of Acquisition	Consideration
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Name	Description of Acquisition	Consideration
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3. Identify any management fee, consultant fee, equipment rental bonus, or other arrangement that will provide payment to non-Indians beyond their share of profits and salaries and attach copies of any such agreements.

C. SOLE PROPRIETORSHIP

Attach documentation to show ownership, such as a copy of the owner's federal tax return, trade name registration, business license, or other evidence of the business entity.

1. List the name of the owner and the date that the business was established as a sole proprietorship _____
2. Identify any management fee, consulting fee, equipment rental, bonuses, or other arrangement that will provide payment to non-Indians in addition to salaries and attach copies of any such agreements _____

D. LIMITED LIABILITY COMPANY

Attach copies of articles of organization and any operating agreement, consulting agreement, management agreement, or other documents pertaining to the ownership, operation, or management of the company.

1. State who is authorized under the articles of organization or other documents to sign contracts on behalf of the company _____

2. Identify any management fee, consulting fee, equipment rental, bonus, or other arrangement that will provide payment to non-Indians beyond their share of profits and salaries and attach copies of any such agreements ____

III. STRUCTURE

A. Identify each other officer of the firm and state his/her current employment by another firm, if any:

Name	Title	Tribal Affiliation	Current Employment
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B. Was any officer identified above employed by another business which was engaged in activities similar to this firm's? Yes No

If yes, list name of business and dates of employment _____

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

- (1) Financial decisions _____
- (2) Project cost estimation _____
- (3) Marketing and sales _____
- (4) Hiring and firing _____
- (5) Purchase of major equipment or supplies _____
- (6) Supervision of field personnel _____
- (7) Obtaining insurance _____

D. For each person listed in your answers to question III C, please attach a comprehensive summary or resume of that person's experience and number of years with this firm, indicating the person's qualifications for the responsibilities given him or her.

E. List other firms in which any owner of this business holds an interest or a management position

Name of owner _____

Position _____ **% interest**

Name of other firm _____

Date position or interest acquired _____

Name of owner _____

Position _____ **% interest**

Name of other firm _____

Date position or interest acquired _____

IV. CAPITAL AND EQUIPMENT

A. For each person who has an ownership interest, list the amount invested in the firm (cash, equipment, loan or promissory note; for loans, indicate the lender's name and attach copies of all loan documents and/or promissory notes).

B. What is the source of capital for each owner who has invested in the business to obtain an ownership interest?

Name	% of Ownership	Source of Capital
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C. List all equipment owned by the business and the current fair market value of each item. For items having titles, please also list in whose name they are titled or registered.

List additional equipment on a separate attached sheet.

D. Specify the gross receipts of the firm for the last three (3) years.

(1) Year ending _____	Total receipts _____
(2) Year ending _____	Total receipts _____
(3) Year ending _____	Total receipts _____

E. Attach a current balance sheet, a copy of the business Workers' Compensation insurance policy, and copies of any general liability or other business insurance policies.

F. Identify amount and source of original capital (i. e., contribution by owner, partner, or shareholder, loan, etc. If a loan, indicate name(s) of those legally bound to repay and attach copies of all loan documents.)

G. Identify amount and source of present capital _____

V. ADDITIONAL CERTIFICATON CRITERIA

- A. State the real value to the business provided by the Indian owner(s), such as capital, equipment, real property, or similar assets. Explain how this value is commensurate with the value of the ownership share.**

- B. Identify where in the firm's organic documents the Indian owner(s) is/are entitled to receive at least fifty-one percent (51%) of all business profits.**

- C. Is the non-Indian ownership entitled to a share of profits greater than 50% under any agreement or arrangement, including, but not limited to, management fees, consulting fees, equipment rental fees, or bonuses? If yes, please explain and attach copies of any such agreements.**

- D. Identify where in the firm's organic documents the Indian owner(s) is/are entitled to received at least a majority of the business' assets upon dissolution.**

- E. Is one or more of the Indian owners substantially involved as a senior level official in the day to day management of the business as his primary employment activity? _____ If yes, identify the person and management duties.**

F. Describe the Indian owner’s prior experience or training which show substantial occupational ties to the business as well as qualifications to serve in a senior level position. Attach a current resume. Any partnership applicant must also demonstrate that the Indian partner is, in fact, the controlling partner in the partnership; that the Indian partner has the experience and expertise to manage the entire operation; and that the non-Indian partner is providing specialized resources or expertise to the partnership and is not, in fact, the manager.

G. Was the firm originally a non-Indian owned business or associated with a non-Indian owned business? _____ If yes,

(1) Identify the non-Indian business _____

(2) Describe what the business gained in terms of capital, expertise, and equipment by adding Indian ownership or by merging with the Indian business.

(3) Describe the experience, expertise and resource of the non-Indian partner(s).

H. Are non-Indian employees of the applicant former employees of the non-Indian firm with which the Indian owned firm is or has been affiliated?

Yes

No

If yes, list names of non-Indian employees and identify the positions those persons hold in both firms.

Name: _____

Position in Indian owned firm: _____

Position in non-Indian firm: _____

List additional non-Indian employees on a separate attached sheet.

I DECLARE UNDER PENALTY OF PERJURY AND ANY OTHER APPLICABLE TRIBAL STATE, OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND CORRECT, AND THAT IF ANY INFORMATION IS DETERMINED TO BE FALSE, ANY CERTIFICATION GRANTED PURSUANT TO THIS APPLICATION SHALL BE VOID.

APPLICANT'S SIGNATURE

TITLE

DATE

FOR OFFICE USE ONLY

Date application received _____ Date processing fee received _____

Probationary certification granted/denied _____ Date _____

Six month review conducted _____ Date _____

Probationary period continued _____ Date _____

Full certification granted/denied _____ Date _____