

Osage Nation  
Purchasing Department



April 9, 2014

To Whom It May Concern:

The Osage Nation would like all vendors to be registered with the Purchasing Department **prior** to engaging in business. If you would like to be considered a vendor, we would appreciate your assistance in reviewing the enclosed material and returning everything except the Acknowledgement Letter with payment:

- Acknowledgement Letter
- General Information Sheet
- W-9
- Business License Application

We look forward to receiving your completed information and the potential of establishing a business relationship between your company and the Osage Nation.

Please return the completed information to Marilyn Booth at the address listed below. If there are any questions, please feel free to contact me via phone 918.287.5344 or e-mail [tleeper@osagenation-nsn.gov](mailto:tleeper@osagenation-nsn.gov) or Marilyn Booth via phone 918.287.5393 or e-mail [mbooth@osagenation-nsn.gov](mailto:mbooth@osagenation-nsn.gov).

Osage Nation Tax Commission  
Attn: Marilyn Booth  
220 West Main  
Pawhuska, OK 74056

Regards,

*Tammy Leeper*

Tammy Leeper  
Procurement Officer

Osage Nation  
Purchasing Department



April 9, 2014

To Whom It May Concern:

The Osage Nation enacted a law under the Constitution of the Osage Nation known as the Osage Nation Business License Code. It is a policy of the Nation to promote economic development on the Reservation. To achieve this policy, the Nation will be identifying and regulating all applicable persons and entities doing business on the Reservation. Therefore, all persons who exercise in the privilege of engaging in business on the Reservation must register and obtain a business license through the Osage Nation Tax Commission.

Per Bill ONCA 07-40, the law defines engaging in business as “commencing, conducting, or continuing in business, and relates to a person who is involved in trade or commerce inclusive of service activities regardless of whether they are, or are intended to be, for profit. It shall also include the sale of real or personal property on the Osage Indian Reservation by a person generally engaged in such business whether within or outside the exterior boundaries of the Osage Indian Reservation which are under the jurisdiction of the Nation, and other such land without such boundaries as may hereafter be added thereto under any law of the United States of America, except as otherwise provided by law.”

The responsibility of obtaining the license is that of the business. The Business License Code law can be viewed in its entirety on the Osage Nation Congress website. It can be found in the “Final Bills and Resolutions” as Bill ONCA 07-40.

Please contact the Osage Nation Tax Commission at 918-287-5393 to receive an application or to find out more information on license fees, exemptions and penalties.

Regards,

*Tammy Leeper*

Tammy Leeper  
Procurement Officer



Osage Nation Tax Commission  
 220 W. Main  
 Pawhuska, OK 74056  
 918.287.5393 (phone)  
 918.287.5503 (fax)

## OSAGE TAX COMMISSION BUSINESS LICENSE APPLICATION

**This Business License Application must be approved before a Business License can be issued. No business activity can be conducted until a Business License has been issued. Incomplete Applications will not be processed and will be returned to the Applicant. Applicants must hold any other permits or professional licenses that may be required. The Business License year ends December 31<sup>st</sup> of each year. It is the Applicants responsibility to maintain an active license by renewing the license each year. Please submit in ink.**

Check all that apply:

<input type="checkbox"/> NEW LICENSE <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> LICENSE RENEWAL <input type="checkbox"/> NEW ADDRESS <input type="checkbox"/> NEW BUSINESS NAME			
<ul style="list-style-type: none"> <li>• APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)</li> <li>• APPLICANT SHOULD REQUEST A COPY OF THE OSAGE TRIBE BUSINESS LICENSE CODE</li> <li><input type="checkbox"/> BUSINESS LICENSE FEES \$50.00</li> <li><input type="checkbox"/> OSAGE OWNED BUSINESS LICENSE FEE \$25.00</li> <li><b>(MUST PROVIDE A COPY OF CDIB/MEMBERSHIP)</b></li> <li><input type="checkbox"/> QUARTERLY BUSINESS LICENSE \$15.00</li> <li><input type="checkbox"/> DAILY PEDDLER'S LICENSE \$10.00</li> </ul>			DO NOT WRITE IN THIS SPACE
<b>1.</b> Applicant is applying as a: <input type="checkbox"/> Partnership (includes Limited Liability Partnerships) <div style="text-align: center;"><input type="checkbox"/> Individual    <input type="checkbox"/> Corporation    <input type="checkbox"/> Limited Liability Company    <input type="checkbox"/> Association or Other</div>			
<b>2.</b> Name of Applicant(s).			FEIN Number
<b>2a.</b> Trade Name of Establishment (DBA)		State or Tribal Sales Tax No.	Business License # (Renewals only)
<b>3.</b> Address of Premises (specify exact location of premises)			Business Telephone
City	County	State	ZIP Code
<b>4.</b> Mailing Address (Number and Street)		City or Town	State Zip Code
<b>5.</b> Business type: <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Property Rental <input type="checkbox"/> Real Estate <input type="checkbox"/> Public Transport <input type="checkbox"/> Other (Describe):			
Description of Business Activity:			

6. For all Applicants other than an individual or a sole proprietor, list names of all persons/entities who own more than a ten percent (10%) interest in the Applicant.

**Additional Documents to be submitted by type of entity (submit only if required by the Osage Tax Commission):**

- PARTNERSHIP**     Partnership Agreement (General or Limited)     Certificate of Good Standing
- CORPORATION**     Cert. of Incorp.     Cert. of Good Standing (if more than 2 yrs. old)     Cert. of Auth. (if a foreign corporation)
- LIMITED LIABILITY COMPANY**     Articles of Organization     Operating Agreement     Cert. of Auth. (if a foreign company)
- ASSOCIATION OR OTHER**    Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable)

Address for Service

**OATH OF APPLICANT**

*I declare under penalty of perjury that this Application and all attachments are true, correct, and complete to the best of my knowledge. I understand that this Application is not a license and that no business activity may commence until a Business License is issued.*

Authorized Signature

Title

Date

**REPORT AND APPROVAL OF THE OSAGE TAX COMMISSION**

**Date Application filed with the Osage Tax Commission:**

The foregoing Application has been examined; and the premises, business to be conducted, and character of the Applicant are satisfactory, and the Tax Commission finds that issuing the license is in the best interest of the Osage Tribe. **THEREFORE, THIS APPLICATION IS APPROVED.**

**OSAGE TAX COMMISSION**

Signature

Title

Date

Signature (attest)

Title

Date

**General Information Sheet**

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Remittance Address (if different): \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Website: \_\_\_\_\_

**Business Type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arts & Entertainment        | <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Community & Government |
| <input type="checkbox"/> Computers & Electronics     | <input type="checkbox"/> Construction & Contractors | <input type="checkbox"/> Education              |
| <input type="checkbox"/> Environmental Supplies      | <input type="checkbox"/> Food & Dining              | <input type="checkbox"/> Health & Medicine      |
| <input type="checkbox"/> Insurance                   | <input type="checkbox"/> Legal & Financial          | <input type="checkbox"/> Maintenance/Janitorial |
| <input type="checkbox"/> Media & Communications      | <input type="checkbox"/> Office Supply/Printing     | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Rental Supplies & Equipment | <input type="checkbox"/> Security                   | <input type="checkbox"/> Sports & Recreation    |
| <input type="checkbox"/> Telephone                   | <input type="checkbox"/> Travel & Transportation    | <input type="checkbox"/> Uniforms               |
| <input type="checkbox"/> Utilities                   | <input type="checkbox"/> Other (Describe): _____    |   |

Account Number: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Audit Opinion, please included a copy of last Independent Audit Report \_\_\_\_\_

Osage Nation Business License # (if not received put the date of the application submitted): \_\_\_\_\_

**Contacts & Phone Numbers:**

Principal Officer or Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Necessary Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Indian Preference:**

To claim Indian Preference, the company must be owned by an enrolled member(s) of a federally recognized American Indian tribe. For this consideration, the below information must be filled out and proof of enrollment should be provided.

American Indian Tribe/Tribes: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

**Please sign the statement below:**

I hereby certify the above information is true and accurate. I also acknowledge that I have been made aware of the Osage Nation Business License Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.