



Mille Lacs Band of Ojibwe  
Tribal Employment Rights Office

APPLICATION FOR CERTIFICATION AS NATIVE  
AMERICAN OWNED BUSINESS

TO THE APPLICANT:

The purpose of this application is to identify Native American Owned Businesses that qualify for Native American preference in contracting and sub-contracting under Mille Lacs Band Statute, Title 15 Independent Agencies, Chapter 4; Tribal Employment Rights Office.

Certification of Native American Owned Businesses is designed to verify that the business applying for certification is at least 51% owned, controlled, and managed by Native Americans.

Documentation and information requested is essential to fulfill the criteria. Any deliberate or intentional effort to misrepresent the ownership of the business applying for certification will result in exclusion of contract opportunities by the Mille Lacs Band of Ojibwe TERO Office.



## **BUSINESS INFORMATION**

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Description: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

## **BUSINESS REGISTRATIONS, CERTIFICATIONS & LICENSES**

State I.D. #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Business License #: \_\_\_\_\_

Certification with State Office of Minority and Women Owned Business Enterprise (OMWBE), Disadvantaged Business Enterprise (DBE), Women Business Enterprise (WBE), must provide a copy of your certification approval.

State(s) certified: \_\_\_\_\_

Small Business Administration (SBA) 8a certification No: \_\_\_\_\_

Number of Employees, including owner(s): \_\_\_\_\_ Number of Native American Employees: \_\_\_\_\_

Has the company's business license been revoked at any time in the last 5 years?: \_\_\_\_\_

(If yes, please explain on a separate sheet)

Has the company filed bankruptcy within the last 10 years?: \_\_\_\_\_





## OWNERSHIP

Type: Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

Interest: 100%: \_\_\_\_\_ If not 100%, list percentages: \_\_\_\_\_

For each Native American owner, please provide the name(s), address, Tribal Affiliation, Enrollment Number, percent 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 company.

Provide a listing of individuals and organizational structure of your company's management team (Owners, Board of Directors, CEO, CFO, General Manager and all personnel involved in the day-to-day operation of the business).

## ACKNOWLEDGEMENT

I certify that all statements made on this application for certification as a Native American Owned Business are true, complete and correct to the best of my knowledge. I also solemnly declare and affirm that this business is at least 51% owned, controlled, and managed by one or more members of a Federally Recognized Tribe. I hereby grant permission to the Mille Lacs Band of Ojibwe TERO Office to confirm by personal inquiry or otherwise, the information given on this application. I understand that any willful misrepresentation of facts given during this process is grounds for rejection of this qualification for Native American preference certification or dismissal if employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information.

Signature of owner/applicant: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\*\*\* TERO Office Use Only \*\*\*\*\*

Date Received: \_\_\_\_\_

Review of Application: \_\_\_\_\_

TERO Office Employee (Please print): \_\_\_\_\_

Approved Native American Preference

Denied Native American Preference

TERO Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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