

Osage Nation
Purchasing Department



April 18, 2023

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:

- Please read the Acknowledgement Letter (Page 1 and 2)
- Return the Business License Application
- Return the General Information Sheet
- Return the W-9

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 the Osage Nation Tax Commission at the address listed below. If there are any questions, please feel free to contact Tax Commission via phone 918.287.5393 or e-mail jennifer.oberly@osagenation-nsn.gov

Osage Nation Tax Commission
239 W 12th St
Pawhuska, OK 74056

Osage Nation

Tax Commission



Acknowledgement Letter

August 31, 2021

To Whom It May Concern:

This agency is governed by 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,

Jennifer Oberly

Jennifer Oberly
Secretary of the Osage Nation



Osage Nation Tax Commission

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. It is the Applicants responsibility to maintain an active license by renewing the license each year. Please submit in ink.

Check all that apply:

☐ NEW LICENSE ☐ TRANSFER OF OWNERSHIP ☐ LICENSE RENEWAL ☐ NEW ADDRESS ☐ NEW BUSINESS NAME				DO NOT WRITE IN THIS SPACE
• APPLICANT MUST CHECK THE APPROPRIATE BOX(ES) • APPLICANT SHOULD REQUEST A COPY OF THE OSAGE TRIBE BUSINESS LICENSE CODE ☐ OSAGE CASINO VENDORS \$200.00 - 2 year ☐ BUSINESS LICENSE FEE \$100.00 per year ☐ NATIVE OWNED BUSINESS LICENSE FEE \$100.00 per year (MUST PROVIDE A COPY OF CDIB/MEMBERSHIP) ☐ OSAGE OWNED BUSINESS LICENSE FEE \$35.00 per year (MUST PROVIDE A COPY OF MEMBERSHIP) ☐ QUARTERLY BUSINESS LICENSE \$30.00 ☐ DAILY PEDDLER'S LICENSE \$10.00				
1. Applicant is applying as a: ☐ Partnership (includes Limited Liability Partnerships) ☐ Individual ☐ Corporation ☐ Limited Liability Company ☐ Association or Other				
2. Name of Applicant(s).			FEIN Number	
2a. Trade Name of Establishment (DBA)		State or Tribal Sales Tax No.		Business License # (Renewals only)
3. Address of Premises (specify exact location of premises)				Business Telephone
City		County	State	ZIP Code
4. Mailing Address (Number and Street)		City or Town	State	Zip Code
5. Business type: ☐ Construction ☐ Service ☐ Retail ☐ Wholesale ☐ Property Rental ☐ Real Estate ☐ Public Transport ☐ 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 for new licenses: ☐ 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>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.</i>		
Authorized Signature	Title	Date
REPORT AND APPROVAL OF THE OSAGE TAX COMMISSION (This section to be completed by ONTC)		
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

General Information Sheet

Company Name: _____ DBA: _____

Physical Address: _____

Remittance Address (if different): _____

Date Business Established: _____ Website: _____

Business Type:

- | | | | |
|--|---|------------------------------------|---|
| ☐ Arts & Entertainment | ☐ Automotive | ☐ Community | ☐ & Government |
| ☐ Computers & Electronics | ☐ Construction & Contractors | ☐ Education | |
| ☐ Environmental Supplies | ☐ Food & Dining | ☐ Health & | ☐ Medicine Insurance Legal & Financial |
| ☐ Maintenance/Janitorial | ☐ Office Supply/Printing | ☐ Real | |
| ☐ Media & Communications | ☐ Equipment | ☐ Security | ☐ Estate |
| ☐ Rental Supplies & | ☐ Transportation | ☐ Uniforms | ☐ Sports & Recreation |
| ☐ Telephone | ☐ Travel & | | |
| ☐ Utilities | ☐ 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. ☐ Other (see instructions) ▶ _____ ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What Is FATCA reporting?* on page 2 for further information.