

United Keetoowah Band Housing Department Contractor Application

The United Keetoowah Band of Cherokee Indians in Oklahoma is offering an opportunity to local businesses and self-employed individuals to participate in contracting for various types of business. We are compiling a list of eligible contractors. In order to participate, please complete the application and submit requested documents.

-----**PERSONAL INFORMATION**-----

LAST, FIRST NAME

SOCIAL SECURITY NUMBER

ADDRESS

TRIBAL AFFILIATION

CITY, STATE, ZIP

PHONE NUMBER/CELL PHONE

EMAIL ADDRESS

FAX NUMBER

-----**BUSINESS INFORMATION**-----

BUSINESS NAME

YEARS IN BUSINESS

TYPE OF BUSINESS

FEDERAL ID NUMBER

YEARS OF EXPERIENCE

NUMBER OF EMPLOYEES

TYPE OF BUSINESS

LICENSE NUMBER

LICENSE TYPE

LICENSING AGENCY

LIST ALL LICENSES, TRAINING, AND CERTIFICATIONS HELD BY OWNER AND EMPLOYEES:

Are you or any of your employees related to employees or council members of the United Keetoowah Band of Cherokee Indians in Oklahoma? ____YES ____NO

If yes, please list name: _____

Have you been convicted of a felony within the last seven years? ____YES ____NO

If yes, please describe: _____

Do you carry General Liability? ____ Workmens Comp? ____ Vehicle Insurance? ____

Insurance Company _____ Phone Number _____

LIST THREE PROFESSIONAL REFERENCES:

NAME	BUSINESS NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIST THREE MAJOR PROJECTS PERFORMED WITHIN THE LAST TWELVE MONTHS:

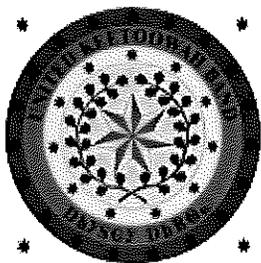
PROJECT NAME	LOCATION	CONTACT INFORMATION	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I represent and warrant that I have read and fully understand the foregoing and that I seek to be considered for contracting under these conditions.

I also understand that if I am selected to perform work and if any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation.

SIGNATURE

DATE



United Keetoowah Band Housing Department

Mailing Address: PO Box 60, Park Hill, OK 74451

18300 W Keetoowah Circle, Tahlequah, OK 74464

Phone 918-871-2773

Fax 918-414-4073

Re: Contractors/Vendors

Worker's Compensation: In accordance with State Worker's Compensation laws for the State on which the work is located.

Commercial General liability: Combined Single limit for bodily injury and property damage of not less than \$1,000,000.00 per occurrence.

Automobile Liability: Combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence.

The Contractor is responsible for assuring that each subcontractor also carries the above required minimum insurance coverage and continues such coverage in full force and effect for the construction period and until final acceptance of all work.

Nicole O'Kelly
Procurement & Contracts Specialist
Phone: (918) 871-2818
Email: no'kelly@ukb-nsn.gov

DOCUMENTS REQUIRED TO BE CONSIDERED A COMPLETE APPLICATION:

- ___ Application Completed, Signed and Dated
- ___ Copy of Tribal Membership Card (CDIB)
- ___ W-9 Taxpayer's Information
- ___ Copy of Business Liability Insurance
- ___ Copy of Valid Driver's License
- ___ Copy of Workman's Comp
- ___ Copy of Social Security Card
- ___ Excluded Parties List System

Received By: _____

Date: _____