



**BOIS FORTE RESERVATION  
TRIBAL EMPLOYMENT RIGHTS OFFICE**

5344 Lakeshore Drive, P.O. Box 16, Nett Lake, MN 55772  
Phone: 218-757-3261 or 1-800-221-8129 Fax: 218-757-3312

**Application for Certification as an  
Indian Preference Firm with the  
Bois Forte Band**

**I. FIRM IDENTIFICATION**

Name of Firm: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
\_\_\_\_\_ Fax#: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Business#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Business (List all areas of business in which firm intends to engage in):

\_\_\_\_\_  
\_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

(Please attach a copy of the letter from the IRS)

Number of Employees: \_\_\_\_\_ Number of Indian Employees: \_\_\_\_\_

Year Business was established: \_\_\_\_\_

**II. OWNERSHIP**

Type of Ownership:

- Sole Proprietorship
- Partnership (Attach a copy of the agreement with ALL amendments.)
- Corporation (Attach a copy of the certificate of Incorporation and ALL amendments.)

**III. MANAGEMENT**

Provide for each Owner of more than 51% interest. All Senior Management Personnel and Members of the Board of Directors, the following:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Present Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Previous Business Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Work Experience (in areas which firm intends to engage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education & Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Jobs Presently Held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Control of Company:

Identify by Name, Race, Sex, and Title of the Company, those individuals (Owners & Non-Owners) who are responsible for the day to day management, including but not limited to, those with prime responsibility for:

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B. Final Decisions:

1. Management Decisions such as:

- a. Marketing & Sales: \_\_\_\_\_
- b. Hiring & Terminating: \_\_\_\_\_
- c. Major Equipment or Supplies Purchase: \_\_\_\_\_  
\_\_\_\_\_
- d. Supervision of Field Personnel: \_\_\_\_\_

**IV. CAPITAL & EQUIPMENT**

A. List all equipment costing \$300.00 or more when new.

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Capital

- i. Attach a current balance sheet.
- ii. Identify amount and source of original or present capital (e.g., contributed by owner, bank loan (indicate name of individual legally bound to repay if other than corporation.))

C. Additional Submissions

(Each applicant must submit with this application the following)

- i. List of officers, principal stockholders, and directors, with complete addresses and the number of shares held in each.
- ii. A sworn statement of the proper officer showing:
  - a. The total number of shares of the capitol stock actually issued and the amount of cash paid in to the treasury on each share old; or, if paid in property, the kind, quantity and value of the same per share.
  - b. Of the stock sold, how much remains unpaid and is subject to assessment.
  - c. The amount of cash the company has in its treasury and elsewhere.
  - d. The property, exclusive of cash, owned by the company and its value.
  - e. The total indebtedness of the company and the nature of its obligations.

**CERTIFICATION**

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I further hereby certify that I have read the applicable ordinances of the Bois Forte Band, criteria and procedures and do hereby submit to the jurisdiction provided herein.

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

Signed By Authorized Official: \_\_\_\_\_

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

Title (Please Type or Print) \_\_\_\_\_