



Citizen Potawatomi Nation Gaming Commission

Vendor Business Registration Application

BUSINESS NAME:

FEIN/SSN:

INDICATE THE REASON(S) FOR FILING THIS FORM:

If other, please explain:

***ANNUAL FEE - \$100**

OWNERSHIP INFORMATION:

1. HOW IS THIS BUSINESS OWNED?

If other, please explain:

Web Address (if any)

2. PHONE NUMBER

FAX NUMBER

EMAIL

3. TRUE NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION OR LLC

SOCIAL SECURITY # IF INDIVIDUAL

ADDRESS

City

ST

Zip Code

Country

4. NAMES OF PARTNERS/CORPORATE PRINCIPALS/MANAGING MEMBERS:

A. First, Middle, Last Name

B. First, Middle, Last Name

SSN

TITLE

SSN

TITLE

City

ST

ZIP

City

ST

ZIP

D.O.B.

Country

D.O.B.

Country

C. First, Middle, Last Name

D. First, Middle, Last Name

SSN

TITLE

SSN

TITLE

City

ST

ZIP

City

ST

ZIP

D.O.B.

Country

D.O.B.

Country

PHYSICAL LOCATION, CLASSIFICATION, AND INFORMATION:

5. TRADE NAME OF BUSINESS (DBA)

6. PHYSICAL LOCATION OF BUSINESS:

ADDRESS CITY ST ZIP

Mailing address if different COUNTRY

7. PRIOR NAMES AND ADDRESSES FOR THE LAST 5 YEARS:

A. NAME

B. NAME

ADDRESS

ADDRESS

CITY ST ZIP

CITY ST ZIP

COUNTRY

COUNTRY

8. BUSINESS DESCRIPTION, SPECIFICALLY TO OUR CASINO

9. NAME OF BUSINESS CONTACT:

NAME ADDRESS

CITY ST ZIP CODE COUNTRY

10. TYPE OF BUSINESS: If subsidiary, name of parent company

11. DATE YOU WOULD LIKE TO START WORK WITH OUR CASINO?

12. WHO ARE YOUR WORKING WITH (CONTACT) AT OUR CASINO?

13. DO YOU HAVE A WRITTEN AGREEMENT OR CONTRACT WITH US?

If not, how will you conduct business with our casino?

14. ANTICIPATED DOLLAR AMOUNT OF SALES (GOODS OR SERVICES) DURING THE FIRST 12 MONTHS OF DOING BUSINESS?

15. WHEN AND WHERE IS THE BUSINESS INCORPORATED?

16. LIST AT LEAST 3 BUSINESS REFERENCES

A. NAME

B. NAME

ADDRESS

ADDRESS

CITY ST ZIP

CITY ST ZIP

PHONE FAX

PHONE FAX

C. NAME

D. NAME

ADDRESS

ADDRESS

CITY ST ZIP

CITY ST ZIP

PHONE FAX

PHONE FAX

17. LIST AND NAME ANY TRIBES YOUR COMPANY IS DOING BUSINESS WITH

A. B. C.

D. E. F.

18. WILL THERE BE TECHNICIANS OR FIELD REPRESENTATIVES VISITING ANY OF OUR LOCATIONS?

If yes, please list:

A. First, Middle, Last Name

SSN

D.O.B.

Address

City

ST

ZIP

B. First, Middle, Last Name

SSN

D.O.B.

Address

City

ST

ZIP

C. First, Middle, Last Name

SSN

D.O.B.

Address

City

ST

ZIP

D. First, Middle, Last Name

SSN

D.O.B.

Address

City

ST

ZIP