



Oneida Indian Nation Department of Taxation  
**Application for Retail License and  
 Certificate of Authority**

**ODT - 17**  
 (6/14)

**Instructions:**

In accordance with rules adopted by the Oneida Indian Nation Department of Taxation (*Tax Department Rules*), every person or entity that plans to sell goods or services on Nation land on an on-going basis is required to complete this application and file it with the Nation Department of Taxation to do business on Nation land and collect Nation sales tax. Applications must be filed at least 5 days prior to conducting any business activity on Nation land. Upon approval of your application, you will receive a *Retail License and Certificate of Authority*, which is valid for the period of time specified in such license.

Upon commencement of any business activity on Nation land, you are required to collect and remit Oneida Nation sales tax to the Nation Department of Taxation on the sale of taxable goods or services in accordance with the *Tax Department Rules*, available from the Nation Department of Taxation.

*Note:* You have no obligation to remit, and should not remit, New York State sales tax to the State of New York on the sale of taxable goods or services occurring on Nation land. See <http://theoneidanation.com/publicaffairs/wp-content/uploads/NYS-Nation-Counties-Settlement-Agreement.pdf>.

**Section A – Business Identification**

1 Legal Name				
2 DBA or Trade Name (if different than legal name above)			3 Employer Identification Number / SSN	
4 Physical Address (not a P.O. Box)				
Number and Street	City	County	State	Zip
5 Telephone number	6 Fax Number		7 E-mail Address	
8 Mailing Address (if different from physical address above)				
Care of (c/o)	Number and Street or PO box	City	State	Zip

9 Is the applicant an individual? Yes No If yes, attach a copy of the applicant's tribal identification card, driver's license or passport.

10 If the applicant is an entity, list the jurisdiction where the entity was formed \_\_\_\_\_. List the date of formation (mm/dd/yy) \_\_\_\_\_. Attach a Certificate of Good Standing (from the jurisdiction where the entity was formed) to this application.

**Section B - Type of Entity or Organization**

- 11  Individual (sole proprietor)  Corporation  Partnership  Government  
 Limited Liability Partnership (LLP)  Limited Liability Company (LLC)  Other: \_\_\_\_\_

**Section C - Business Description**

12 In the space below, describe the goods and services that the applicant plans to sell at its location. Please be specific.

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- 13 Has the applicant previously applied or been previously licensed by the Nation Department of Taxation, but the license was denied, revoked or suspended? Yes No Please explain.

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**Section D - Responsible Persons Information**

- 14 List all owners, partners, members, officers and other persons primarily responsible for the day-to-day operations of the applicant. All information must be completed. Attach a separate sheet if necessary.

Name	Title	SSN
Home Address ( <i>number and street</i> )	City State Zip	Home Phone Number
Name	Title	SSN
Home Address ( <i>number and street</i> )	City State Zip	Home Phone Number

- 15 The above persons are hereby designated as agents for the applicant upon whom process or other notification may be served with respect to matters arising out of any activity occurring on Nation land.

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I certify that I have the authority to submit this application on behalf of the applicant, and that the information contained in this application is true, correct and complete. By signing below, I agree that the applicant shall collect and remit Oneida Indian Nation sales tax to the Nation Department of Taxation on the sale of taxable goods and services occurring on Nation land and that the applicant hereby consents to the personal jurisdiction of the Oneida Indian Nation court for the resolution of any controversies, disputes or claims relating to the sale of taxable goods and services occurring on Nation land.

Name	Title	Date
Signature	Daytime Telephone Number	

**If your application is missing information, or is not signed, it will be returned to you.**

Mail your application to: **Oneida Indian Nation Department of Taxation  
Director of Department of Taxation  
2037 Dream Catcher Plaza  
Oneida, New York 13421**