

**LTBB Tribal Citizen Vendor – Request to be Added**

Per the Contracting Statute (WOS 2019-004), the LTBB Department of Commerce maintains a list of LTBB Tribal Citizen-owned businesses (must be 51% ownership or more). Please complete this form if you wish to be added to the LTBB Tribal Citizen Vendor list. Your information (your name, name of business, industry/nature of business, business phone number, business email, and business website and/or Facebook name) will be made available to employees of the LTBB Tribal Government, as well as LTBB-owned businesses, for the purpose of obtaining products and/or services offered by LTBB Tribal Citizens. [Please note that LTBB Tribal Council and the LTBB Legal Department are also authorized reviewers of this list.] Please keep in mind that being added to this list does NOT guarantee that your products/services will be used. Appropriate processes for business selection will be followed, which includes obtaining bids, quotes, pricing, and quality information, etc. Preference is given to the LTBB Citizen-owned business when all items are considered equal between the LTBB Citizen-owned business and other non-Citizen businesses.

Please return the completed form along with a copy of your Tribal ID to the LTBB Department of Commerce by email ([DOC@ltbbodawa-nsn.gov](mailto:DOC@ltbbodawa-nsn.gov)) or by mail (Little Traverse Bay Bands of Odawa Indians. Attn: Dept of Commerce. 7500 Odawa Circle. Harbor Springs, MI 49740). If you have multiple businesses, a separate form must be completed for each business.

Name (First, Middle Initial, Last)	LTBB Enrollment #	% Ownership of Business
Personal Contact Phone Number	Personal Contact Email	Location of Business - City/State
Name of Business	Industry/Nature of Business	
Business Phone Number	Business Email	Business Website and/or Facebook Name

Brief Description of Services and/or Products Offered:

Do you hold the proper license(s) to do the work described above (as necessary)? \_\_\_\_\_  
If yes, you must provide the proper documentation when returning this form. YES or NO or N/A

**Please check this box if you would also like your business information added to a separate list that is publicly available on the LTBB Website. The publicly viewable information will include: name of your business, location of business, industry/nature of business, business phone number, business email, and business website and/or Facebook name. If you check this box, but wish for any of this information NOT to be included on the public list, you must submit a written request to the LTBB DOC office. Information on the public list will also be made available (via phone, email, or mail) to those who inquire directly with DOC requesting information for LTBB Citizen-owned businesses.**

By signing below, you are authorizing your information to be made available as described above. You also confirm that you hold at least 51% ownership of the business. If you would like to be removed from either of these lists or require an update to your information – you must contact the LTBB DOC office in writing. The business information will remain an active listing for a period of five (5) years, at which point a new Request to be Added form must be submitted. It is up to the LTBB Tribal Citizen to ensure the listing remains active if they wish to remain on the list(s).

Signature of LTBB Tribal Citizen	Date
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