

# Ontario First Nations Business Directory: Listing Form

Scan here  
To fill online



## First Nation

Identify the First Nation most directly associated with your company.

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## Company Operating Name

The name the company uses for normal daily operations.

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## Company Phone Number

phone number a prospective customer should use to contact the company.

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## Contact Email

The email a prospective customer should use to contact the company.

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## Company Website

The URL of your company's website.

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## Industry Sector(s)

Identify the industry sector (or sectors) most closely associated with your business:

- |  |  |
|--|--|
| <input type="checkbox"/> Accommodation and food services                                       | <input type="checkbox"/> Manufacturing                                   |
| <input type="checkbox"/> Administrative and support, waste management and remediation services | <input type="checkbox"/> Mining, quarrying, and oil and gas extraction   |
| <input type="checkbox"/> Agriculture, forestry, fishing and hunting                            | <input type="checkbox"/> Other services (except public administration)   |
| <input type="checkbox"/> Arts, entertainment and recreation                                    | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Public administration                           |
| <input type="checkbox"/> Educational services  | <input type="checkbox"/> Real estate and rental and leasing              |
| <input type="checkbox"/> Finance and insurance   | <input type="checkbox"/> Retail Trade                                    |
| <input type="checkbox"/> Health care and social assistance                                     | <input type="checkbox"/> Transportation and warehousing                  |
| <input type="checkbox"/> Information and cultural industries                                   | <input type="checkbox"/> Utilities                                       |
| <input type="checkbox"/> Management of companies and enterprises                               | <input type="checkbox"/> Wholesale trade                                 |

## Company Description

Enter a brief description of the company and its offerings.

## Location of Head Office

**Is this head office on a reserve?** (If yes please indicate name of reserve)

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If the head office is not on a reserve, please provide the address.

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Confirmations

Please confirm your agreement by checking the boxes below:

- the information provided by me can be displayed on the website being developed for the Ontario First Nations Business Listing.
  
- I understand I will be placed on the website as a self-certified First Nations Business. Later, if I wish, I will be able to upgrade to certified business based on the criteria laid out by my First Nations Chief and Council.

**X**

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