

PESTICIDE USE PERMIT APPLICATION

Business / Entity Name: _____

Date: _____

SUPPLEMENTAL ACKNOWLEDGMENT AND CONSENT FORM

I (we) declare that the information contained in this application and any attachments is true and correct to the best of my (our) knowledge and belief. I (we) understand that any material misrepresentation will result in the denial or subsequent revocation of any permit. I (we) agree, based on the consensual and contractual relationship with the Seneca Nation, to abide by all applicable laws, regulations, and rules of the Seneca Nation of Indians.

I (we) also consent to the jurisdiction of the Courts of the Seneca Nation of Indians for the purpose of enforcing any laws, regulations, or rules governing this permit or the conduct of any business within the Seneca Nation of Indians' territories, and my (our) signature(s) evidences my (our) sworn promise, as required under **Pesticide Ordinance § 2-2(G)**, that I (we) "must adhere to and obey all Laws, Regulations and Ordinances of the Nation while performing their business on Nation Territory."

_____ Printed Name	_____ Signature	_____ Date
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