



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4209 - Fax: 360.716.0180
 TLD@TULALIPTRIBES-NSN.GOV

LIC #	OTHER LIC #	APPLICABLE YEAR
CHECK/MONEY ORDER #	RECEIPT NUMBER	
I/D RWV REQD: <input type="checkbox"/> N/A <input type="checkbox"/> FWD APP TO:		

APPLICATION FOR MASTER LICENSE

**INCOMPLETE SUBMITTALS WILL BE RETURNED.
ALL FEES NONREFUNDABLE.**

A PAYMENT AND FEES

PAYMENTS Applications will not be reviewed or processed without payment confirmation. License fees are not pro-rated and are nonrefundable. New businesses with a physical location in Tulalip: Contact TLD for preapplication review to ensure desired business location is appropriately zoned for activity and obtain information on additional requirements prior to remitting payment. Accepted forms of payment are cash, check, and money order made payable to "Tulalip TLD". Credit card payments are accepted in person at the Cashier window and via telephone by calling (360) 716-4373. If renewing, please have license number(s) ready.

FEES- NEW

- \$50.00** **NEW** Business
- \$25.00** **NEW** - Home Business (arts & crafts and artists with two or less employees)
- \$90.00** **NEW** - Peddler (1)

FEES- RENEW

- \$15.00** **RENEWAL** - General and Home based
 - NO CHANGES**
 - WITH CHANGES** (other than location, ownership, structure, or location) describe on separate sheet
- \$75.00** **RENEWAL** - Peddler (1)

FEES- OTHER

- \$50.00** Change of Ownership or Organizational structure/ business type (apply as new)
- \$50.00** Change of Location - located in or relocating to/from Tulalip (apply as new)
- \$15.00** Change of Location (both former and new addr outside of Tulalip)
- \$ 5.00** Name Change
- \$40.00** Additional Background check (ea) - required for all employees intending to engage in peddling activity in Tulalip
- Penalty (type): _____ Amt: \$ _____

Total Due: \$ _____

Total Enclosed: \$ _____

B BUSINESS INFORMATION - GENERAL

Legal Business Name		Website: www.	
DBA I (Alternate Legal Name, or registered Trade Name) * DO NOT list if name is not registered with WA Secretary of state or equivalent		State/Tribe Name was registered	
DBA II (Alternate Legal Name, or registered Trade Name) * DO NOT list if name is not registered with WA Secretary of state or equivalent		State/Tribe of registry	
Check all names to appear on license and select order number of appearance: <input type="checkbox"/> Legal Business Name <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> DBA I <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> DBA II <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd			
Business Address (Physical Location to be licensed)		City	State Zip
Phys Loc Contact Name		Phys Loc Contact Title	
Phone () - () - ()		Alt Phone () - () - ()	
Fax () - () - ()		Email Address	
Business Mailing Address (If Different From Above) <input type="checkbox"/> SSA		City	State Zip
Primary Contact Person or Department (If Different From Above)		Primary Contact Title	
Phone () - () - ()		Alt Phone () - () - ()	
Fax () - () - ()		Email Address	
Registered Agent Name (Corporations and LLCs)		RA Company Name	
Phone () - () - ()		Alt Phone () - () - ()	
Fax () - () - ()		Agent Email Address	
Agent Mailing Address (Do Not use PO Box)		City	State Zip
Direct license-related queries, correspondence, and other documents to: <input type="checkbox"/> Physical Location Contact <input type="checkbox"/> Primary Contact (listed under bus mail) <input type="checkbox"/> Registered Agent <input type="checkbox"/> Other: _____		Name, Title	
		Address	

C LICENSURE / REGISTERED TRADENAMES ("DBAs")

WA State Unified Business Identification Number (WA UBI #)	Federal Employer I.D. Number (FEIN)	North American Industry Classification System # (NAICS)
Reseller's Permit Number	Contractor's License Number	Union Name
<input type="checkbox"/> N/A Provide names of all ACTIVE Tulalip licenses held by business, including licenses held by business partners, managers, members, and/or affiliates. Indicate business name, license number, business type, and owner(s):		
BUSINESS NAME	LIC #	BUSINESS NAME
_____	_____	_____
BUSINESS NAME	LIC #	PURPOSE OF DISSOLUTION:
_____	_____	_____ TO _____
_____	_____	_____ TO _____

D FORMATION, IDENTIFICATION OF OWNERS, ORGANIZATIONAL STRUCTURE

SELECT ENTITY TYPE / FORMATION STRUCTURE
NON-PROFITS SKIP TO NEXT QUESTION

SOLE PROPRIETOR INDIVIDUAL - NO EMPLOYEES DOMESTIC CORPORATION
 FOREIGN CORPORATION PARTNERSHIP LIMITED LIABILITY PARTNERSHIP
 LIMITED LIABILITY COMPANY FOR PROFIT FUNDRAISER OTHER: _____

NON-/NOT FOR PROFIT, CHARITABLE, RELIGIOUS, AND EDUCATIONAL ORGANIZATIONS

NO YES Does business possess status /classification as a non-profit organization (ex: 501 C-3) registered with the WA Secretary of State?
If yes, attach proof of status and select your organizational status type below.
 CHARITABLE ORGANIZATION RELIGIOUS ORGANIZATION NOT FOR EDUCATIONAL ORGANIZATION
 CHARITABLE TRUST PROFIT CORPORATION OTHER: _____

Date of Formation* / / (*Date business intends to begin or first began operating at the location and ownership listed in Section A)
 Date of Incorporation / / State(s) or Tribe(s) _____ Number of Corporate Officers, Governing Members, or Partners: _____ Does business sell public or private shares?

NO YES Are any Partners, Managers, or Corporate Officers in WA also Directors, Members and/or Shareholders? **If yes, and different from the names** you will provide below, attach separate list with the first and last name, title, and # of shares or % owned.

NO YES Are any owners or shareholders enrolled in a federal recognized tribe? **If yes**, total percentage owned by enrolled member(s): _____ %
If yes, attach proof of tribal enrollment for **each** owner/shareholder, their title, and their individual percentage of ownership.

PARTNERS, OFFICERS, MANAGERS, MEMBERS, DIRECTORS List all owners, partners, officers, members, governing members, managers and directors. Indicate if individual corporate officers, partners, or managers are also directors, members, and/or shareholders. Attach separate sheet(s) if necessary.

Name (Last, First, Middle)	<input type="checkbox"/> Owner <input type="checkbox"/> Other	Title	% Owned	Direct Telephone Number () -

Personal Address (Street or Route, P.O. BOX, City, State, Zip)

E NATURE OF BUSINESS - PRODUCT AND SERVICE

Provide **DETAILED** description of the nature of business, principle products sold, and /or services provided in Tulalip.

Check all that apply: Services only - no tangible products Services Retail sales Wholesale sales Online sales Personal delivery Product shipped to consumer

NO YES Is business affiliated with any other business(es), including subsidiaries? **If yes**, explain. Attach additional sheets if necessary: _____

NO YES Is this a franchise?

Previous year Gross Annual Income derived from sales of products and/or services occurring within exterior boundaries of Tulalip: \$ _____ N/A - New Business License
 No income derived from Tulalip sales or service for prior year

NO YES Are products manufactured on the reservation? **If yes**, explain the process and equipment used in production. Attach additional sheets if necessary: _____

NO YES Does/will business maintain an office or storefront in Tulalip?
 Does applicant lease/rent or own the land at the location of proposed business to be licensed? OWN LEASE/RENT N/A
 Does applicant lease/rent or own the structure(s) at the location of proposed business to be licensed? OWN LEASE/RENT N/A
If yes to either lease/rent question above, please attach:
 LEASES WITH THE TULALIP TRIBES: Consent from authorized official required. Contact TLD for assistance.
 LEASES WITH QCV: One of the following: Proof of Special Operators License *or* Copy of lease agreement with QCV *and* Recent food service survey (if applicable)
 ALL OTHER LEASES/RENTALS: Attach a notarized letter of consent from landlord authorizing applicant to use leased property for business purpose. Letter must include business type/activity, lease expiration date, landlord and lessee legal names, and landlord contact information.

NO YES Is office or store located within a residential structure (i.e. "Home Office")? **If yes:** Is this your primary place of residence? NO YES
If residential location is not at your primary residence, explain: _____

BUSINESSES OPERATING FROM A TULALIP RESIDENTIAL STRUCTURE (including home office):
 Provide the estimated on-site daily total for each item listed below. Do not include deliveries, parking spaces, traffic, etc. intended strictly for personal use. Range estimates are acceptable when within a 10% error margin.

Customer visits: _____ Vehicle Traffic - (daily trips*): _____ Resident employees: _____ Designated off-street parking spaces: _____
Each arrival and departure counted as a separate trip
 Commercial Vehicles: _____ On-site deliveries: _____ Non-resident employees: _____ Sq feet of residence used for business: _____

Water & Sewer Source- check all that apply: Tulalip Water Tulalip Sewer Marysville Water Marysville Sewer Private Septic Private Well Community _____

Do you anticipate an increased load on septic or use of well water? NO YES If Yes, explain: _____

E NATURE OF BUSINESS - PRODUCT AND SERVICE - Cont'd

NO YES Does primary business activity include one or more persons traveling from place to place by foot or vehicle to offer and/or solicit sales or service?
 If **yes**, refer to Peddler's license in TTC 10.10 and attach the following to your application:
 Copy of a valid WA State Drivers License for each person operating vehicle / mobile unit in Tulalip
 Photo(s) of all vehicles/mobile units used to provide services on the reservation and a brief description including make, model, year, license plate number, color, any affixed signage, advertisement, or other identifying marker.

NO YES Do your business dealings and transactions include providing care or services (non-retail) children under the age of 18? If **yes**, please explain:

NO YES Do your products or services include wholesale or retail sales of fireworks or fireworks display shows?
 If **yes**, attach a description of services, a product list, price sheet, proof of state/federal approvals, and provide class of fireworks: _____

NO YES Do your business operations include manufacturing, distribution, or retail or wholesale sale of alcoholic products?
 NO YES Will you prepare food or beverage goods for consumer consumption?
 NO YES Do your business operations include manufacturing, distribution, or retail or wholesale sale of tobacco products?

FIREWORKS (TTC10.25), ALCOHOL (TTC10.35), FOOD AND BEVERAGE (TTC 11.20), AND TOBACCO (TTC 12.10)
Chapter 10.25 - Fireworks: Retail sales of 1.4G fireworks is restricted to enrolled members of the Tulalip Tribes; wholesale sales of 1.4G fireworks are not restricted to membership. Other classes of fireworks are prohibited and not eligible for licensure.
Chapter 10.35 - Liquor Licenses and Tulalip Liquor Regulations: INSPECTION REQUIRED - Retail sale of spirits, liquor by the drink, banquet licenses, and various endorsements.
Chapter 10.40 - Transient Accommodations: INSPECTION REQUIRED - Hotel, motel, and other public overnight accommodations.
Chapter 11.20 - Food Service Sanitation: INSPECTION REQUIRED - All temporary, full time, and part time food service establishments serving Tulalip
Chapter 12.10 - Cigarette: License and tax applies to retail sales of tobacco products.
INSPECTIONS: Contact the TLD to schedule 360.716.4209
Tribal-owned businesses located within Tulalip may be subject to TTC 12.05 - Sales and Use Tax and TTC 12.25 - Restaurant Privilege Tax - please inquire

NO YES Does business have a Tulalip TERO Compliance Contract? NO YES If **no**, do you intend to enter into a TERO Compliance Contract?
 NO YES Is business listed on the Native Owned Business Registry? NO YES If **no**, would you like information how your NAOB can benefit from this resource?

Check all that apply and provide additional information for each checked box.

BONDED _____
 BOND COMPANY NAME _____ ACCT # _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ \$ _____ BOND AMOUNT

INSURED _____
 INSURER NAME _____ POLICY # _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ \$ _____ INS. AMOUNT

CONTRACTOR -
Applies to work performed under contract with Tulalip Tribal orgs and private citizens & businesses
 COMPANY NAME _____ POLICY # _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ \$ _____ INS. AMOUNT

No active projects PROJECT LOCATION _____ TYPE _____ PERMIT No. _____ START DATE _____
 Active projects

SUBCONTRACTOR _____
 CONTRACTOR NAME _____ SCOPE OF WORK _____

TRIBAL PROJECT _____
 TRIBAL DEPARTMENT OVERSEEING PROJECT _____ PROJECT MANAGER NAME _____ () - _____ PHONE _____

NONE OF THESE

CONTRACTORS, TRIBAL BUSINESSES, TERO & NAOB REGISTRY
TULALIP TRIBAL EMPLOYMENT RIGHTS OFFICE (TTC 09.05)
 Tulalip Employment Rights Office (TERO) is the Equal Employment Opportunity Commission (EEOC) representative for Tulalip. TERO laws enforce specific hiring and labor requirements upon businesses, contractors, and subcontractors doing business within Tulalip, including regulation of employment practices and obligating employers to provide preference in recruiting, hiring, training and promoting qualified Native Americans. Visit www.tulaliptero.com or call 360.716.4747 for more information.

NO YES Does this business possess valid vendors license issued by a Tribal Gaming Agency? If **yes**, attach proof of VL and provide number: VL _____
 NO YES Are your business activities in Tulalip limited to service at one or more of the three (3) licensed Tulalip gaming establishments?
 NO YES If **yes**, are your goods or services non-gaming in nature? If **yes**, describe: _____

NO YES Do you supply less than \$25,000 in goods or services to Tulalip gaming establishments annually?
 NO YES Is your business activity in Tulalip limited to accounting or legal services or supplying only food, beverage, gift shop, advertising, promotional, entertainment or marketing goods and services?
 If **yes**, to any of the above, your VL may qualify your business to waive master license requirements. Please contact our office for more information at 360.716.4211.

GAMING AND VENDORS OF GAMING VENUES
GAMING - ALL CLASSES (TTC 10.05)
TGA: Businesses providing services at or one or more of the Casino or Bingo establishments in Tulalip, and vendors of gaming products (lotto, games of chance, etc.) must obtain a gaming vendor license issued by the Tribal Gaming Agency (TGA). For more information, contact the Tulalip TGA Office at 360.716.2000

INDIAN TRADERS LICENSE For information pertaining to Indian Trader's Licenses, please visit/ contact the Bureau of Indian Affairs, Puget Sound Agency at: 2707 Colby Avenue, Suite #1101, Everett, WA 98201 - (425) 258-2651

F SIGNATURE REQUIRED Signature attests to the accuracy of the information provided and that business will comply with all applicable Tribal and Local Laws

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:
 I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF SAID BUSINESS.

<input type="checkbox"/> Application prepared by a governing member, owner, or officer of Applicant and bear my signature below.	<input type="checkbox"/> Application has been prepared by a party other than a governing member, owner, or officer of Applicant	The party preparing this application is the /an:	<input type="checkbox"/> Registered Agent <input type="checkbox"/> Employee authorized to sign such documents <input type="checkbox"/> Employee authorized to provide information contained herein	Telephone Number of Preparer () - _____
Signature X	Date	Signature of Preparer X	Date	
Printed Name	Title	Printed Name	Title	