



OFFICIAL USE ONLY

LIC NUMBER	BUS LIC NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT NUMBER

The Tulalip Tribes of Washington  
 Communit Development Department  
**TAX & LICENSING DIVISION**  
 6406 Marine DR NW  
 Tulalip, Tulalip, WA 98271  
 Telephone: (360) 716-4204

# APPLICATION FOR CIGARETTE LICENSE

Please type or print in dark ink

**BLANK SPACES ARE NOT PERMITTED. IF ANY ITEM IS NOT APPLICABLE, OR NO INFORMATION IS AVAILABLE, THE SPACE MUST BE MARKED TO INDICATE THAT. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.**

## A PAYMENT SUMMARY - *Applications received without payment in full will not be accepted.* FEE(s)

Enclose payment for total amount due, including application and applicable penalty fees. Accepted forms of payment are cash, check, and money order made payable to <b>The Tulalip Tribes / TLD</b> . License fees are not pro-rated and are nonrefundable. Please choose: <input type="checkbox"/> NEW <input type="checkbox"/> NEW OWNERSHIP <input type="checkbox"/> RENEWAL <input type="checkbox"/> NAME / ADDRESS CHANGE <input type="checkbox"/> PENALTIES:	Cigarette License - NEW	<b>\$ 50.00</b>
	Cigarette License - Renewal	<b>\$ .00</b>
	Penalties / Other	<b>\$ .00</b>
	<b>TOTAL APPLICABLE FEES PAID</b>	<b>\$</b>

## B BUSINESS INFORMATION - GENERAL

<b>ORGANIZATION STATUS / TYPE</b>  Corporations & Partnerships: Attach sheet identifying all owners, partners, managers, members, and officers.	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL - No employees <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> DOMESTIC CORPORATION <input type="checkbox"/> FOREIGN CORPORATION <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURER		
	Firm / Trade Name		Website: www.
Date business first conducted (opened) under current ownership at this WA location:  ____ / ____ / ____  Does business maintain an office or store located within the exterior boundaries of the Tulalip Reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state zoning designation:	Business Address (Tulalip Location OR Primary <b>Physical</b> Location)		
	City	State	Zip
	Business Telephone Number	Alt or Toll Free Number	FAX Number
	( ) -	( ) -	( ) -
	Business Mailing Address (If Different From Above)		
	City	State	Zip
	Business Telephone Number	Alt or Toll Free Number	FAX Number
	( ) -	( ) -	( ) -
<b>REGISTERED AGENT / LICENSE CONTACT</b>  Licensing documents and rel ated correspondence wi ll be dir ected to person listed	Agent or Contact Name		Title
	Office Mailing Address (Street or Route, P.O. Box, City, State, Zip)		
	Telephone Number	Fax Number	Email Address
	( ) -	( ) -	
Describe in detail the nature of business, principle products sold, and services provided on the Tulalip Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:			
Estimated Gross Annual Income for TOBACCO sales on the Tulalip Indian Reservation for current year: \$		Is this an Indian Owned Business? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes; Percentage Indian Owned: % Tribal Enrollment #      Name of Federally Recognized Tribe:      ATTACH PROOF	

<b>RECOMMENDATION:</b> <i>FOR OFFICIAL USE ONLY</i>  <input type="checkbox"/> APPROVE <input type="checkbox"/> APPROVE WITH CONDITIONS: Conditions:  <hr/> <hr/> <input type="checkbox"/> DENY Cause for Denial:  <hr/> <hr/>
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**C AUTHORIZATION - REGISTRATIONS - OTHER**

<b>CREDENTIALS AND AFFILIATE(S)</b>  It is a violation of for a licensee, their agents, and employees, to violate any local, state, or federal law applicable to Tobacco Products. Licensee is responsible for obtaining all required certifications.	Do you maintain a WA State Cigarette OR Tobacco Retailer license? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach copy of license or endorsement		
	WA State Unified Business Identification Number (WA UBI #)	Reseller's Permit Number	Federal Employer I.D. Number (FEIN)
	North American Industry Classification System Number (NAICS)	State(s) or Tribe of Incorporation or Formation	Number of Corporate Officers, Members, or Partners:
	Is business affiliated with any other business(es), including subsidiaries? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain affiliation (business relationship) and list active and inactive licenses below – attach additional sheets if necessary:		
<b>REGISTERED TRADE NAMES ('DBA's')</b>  DBA's <u>must</u> be registered with the WA Secretary of State or equivalent. DO NOT complete this section if dba is not a registered trade name.	DBA / Other Trade Name		
	Is this trade name registered with the state of WA? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, list state(s) / Tribes in which trade name is registered:	Is trade Name to appear on license? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes; <input type="checkbox"/> ONLY DBA Name <i>or</i> <input type="checkbox"/> In Addition to Firm Name	
	DBA / Other Trade Name		
	Is this trade name registered with the state of WA? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, list state(s) / Tribes in which trade name is registered:	Is trade Name to appear on license? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes; <input type="checkbox"/> ONLY DBA Name <i>or</i> <input type="checkbox"/> In Addition to Firm Name	

**D AUTHORIZATION - REGISTRATIONS - TRIBAL**

<b>TRIBAL CREDENTIALS AND AFFILIATE(S)</b>	<b>TULALIP TRIBAL EMPLOYMENT RIGHTS ORGANIZATION</b> Does business have a Tulalip TERO Compliance Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, do intend to enter into a Tulalip TERO Compliance Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO Is Business listed on the Tulalip TERO Native Owned Business Registry? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<b>QUIL CEDA VILLAGE &amp; TRIBAL GAMING</b> Does this business possess a current vendor's license issued by the Tulalip Tribal Gaming and/or Special Operators License issued by the Quil Ceda Village Administration? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Gaming (Vendor) License # _____ and/or attach a copy of Quil Ceda Village Special Operators		
<b>ALCOHOL / LIQUOR (Title 32*40.35)</b> Do your business operations include manufacturing, distribution, and/or sale of alcohol / liquor products? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of document(s)	<b>FOOD AND BEVERAGE (Title 33*41.20)</b> Does your business prepare food and/or beverage goods for customer consumption? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete addendum FP1 and attach required documents		
List all <b>ACTIVE</b> 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 TYPE	OWNER(S):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
List all <b>INACTIVE</b> Tulalip licenses held by business, including any licenses previously held by business partners, managers, members, and/or affiliates. Indicate business name, license number, start/end year, and purpose of dissolution:			
BUSINESS NAME	LIC #	YEARS LIC ACTIVE	PURPOSE OF DISSOLUTION:
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

**E TULALIP TRIBAL GOVERNMENT**

<b>TERO COMPLIANCE PLAN</b> <b>Tulalip TERO Titles 9 #09.05 and Qtf lpcpeg'# 89:</b> TERO is the Equal Employment Opportunity Commission Representative (EEOC) on the Tulalip reservation. Tulalip TERO laws and ordinances enforce specific requirements upon businesses, contractors, and subcontractors doing business within the exterior boundaries of the Tulalip Reservation including regulating their employment practices and obligating them to provide preference in recruiting, hiring, training and promotions to certified Native Americans.	<b>TERO (360) 716-4747</b>
<b>QUIL CEDA VILLAGE / TRIBAL GAMING AGENCY</b> <b>QCV:</b> Businesses and vendors operating within the boundaries of the Consolidated Borough of Quil Ceda Village (QCV) are required to enter into a lease agreement and/or obtain a special operators license. For more information, contact the QCV Business Park at 360.716.5000. <b>TGA:</b> Vendors providing services at or for any of the Tulalip Casino or Bingo entities are required to obtain a vendors license issued by the Tribal Gaming Agency (TGA). For more information, contact the Tulalip TGO Office at 360.716.2000.	
<b>FOOD &amp; BEVERAGE, LIQUOR, TRANSIENT ACCOMMODATIONS, AND FIREWORKS LICENSE REQUIREMENTS</b> <b>Tulalip Tribes Liquor License Title 10 #10.35 and Tulalip Liquor Regulations:</b> LIQUOR LICENSE(S) REQUIRED <b>Tulalip Fireworks Code: Amended Title 10 #10.25:</b> WHOLESALE AND RETAIL LICENSE(S) REQUIRED - Sale of retail fireworks in Tulalip is restricted to enrolled members of the Tulalip Tribes of WA; sale of wholesale fireworks is unrestricted. <b>Tulalip Tribes Food Service Sanitation Title 11 #11.20:</b> PERMIT REQUIRED - Food and beverage related businesses show proof of Tribal and/or State health inspection certificate, food permit, and/or food handler card. <b>INSPECTIONS: CONTACT MIKE COONEY AT 360.716.5129</b>	

**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

**SUPPLEMENTARY DOCUMENT REQUIREMENTS**

The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, other licensure (local, county, state, and federal), vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 10 #10.10

**INCOMPLETE AND ILLEGIBLE FORMS WILL NOT BE ACCEPTED / PROCESSED**

Incomplete and/or illegible applications and/or failure to remit fee or required supplemental documents are not accepted and may result in penalty fees.

**F SIGNATURE REQUIRED** *(Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s))*

**Your signature attests to the accuracy of the information provided and that your 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 BUSINESS.

Signature X	Printed Name	Title	Date
Signature X	Printed Name	Title	Date
Application prepared by <i>(Indicate if prepared by other than authorized owner, officer, manager, or member)</i>		Telephone Number ( ) -	
Signature of Preparer X		Title	Date