



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4209 - Fax: 360.716.0179
 Email: TLD@TULALIPTRIBES-NSN.GOV

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

APPLICATION FOR CIGARETTE LICENSE

PLEASE PRINT OR TYPE IN DARK INK. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.

***ALL LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.**

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 The Tulalip Tribes / TLD . 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	\$ 50.00
	Cigarette License - Renewal	\$ 50.00
	Penalties / Other	\$.00
	TOTAL AMOUNT PAID	\$

B BUSINESS INFORMATION - GENERAL

STATUS OF ORGANIZATION AND TYPE OF ENTITY 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: ____ / ____ / ____	Business Address (Tulalip Location OR Primary Physical Location)		
	City	State	Zip
Does business maintain an office or store located within the exterior boundaries of the Tulalip Reservation? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, state zoning designation:	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 () -
REGISTERED AGENT / LICENSE CONTACT Licensing documents and related correspondence will be directed 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
Estimated Gross Annual Income for TOBACCO sales on the Tulalip Indian Reservation for current year: \$	Is this an Indian Owned Business? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes; Percentage Indian Owned: % Name of Federally Recognized Tribe and Enrollment #: ATTACH PROOF		

C REGISTRATIONS - AFFILIATIONS

CREDENTIALS AND AFFILIATE(S) 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/Tobacco License? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach copy of license or endorsement
	Is business owned by or affiliated with a Tribe or its subsidiary? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain affiliation:
	Is business owned by or affiliated with any other business(es) or subsidiary? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain affiliation:
	Does this business possess a vendor's license issued by the Tulalip Tribal Gaming and/or Special Operators License issued by Quil Ceda Village? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Gaming (Vendor) License # and/or attach a copy of Quil Ceda Village Special Operators

D BACKGROUND - Attach an explanation for each of the following answered 'YES'

HAS THE APPLICANT, ITS OWNERS, DIRECTORS, PARTNERS OR OFFICERS:

Been convicted of fraud, tax evasion, or a violation of laws governing payment of fees or taxes of tobacco products? NO YES

Been convicted of any crime or been granted a deferred judgement following an adjudication relating to the sale, distribution, or other dealing of tobacco products? NO YES

Had a cigarette or tobacco license revoked by any jurisdiction? NO YES

Been convicted of any felony? NO YES

E TULALIP TRIBAL GOVERNMENT

TERO COMPLIANCE PLAN

TERO (360) 716-4747

Tulalip TERO Title 09.05: Tulalip Employment Rights Office (TERO) is the Equal Employment Opportunity Commission Representative (EEOC) on the Tulalip reservation. TERO laws 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.

QUIL CEDA VILLAGE / TRIBAL GAMING AGENCY

QCV: Businesses and vendors operating within the boundaries of the Consolidated Borough of Quil Ceda Village (QCV) are required to enter into an agreement and/or obtain a special operators license. For more information, contact the QCV Business Park at 360.716.5000.

TGA: 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.

FOOD/BEVERAGE, LIQUOR, TRANSIENT ACCOMMODATIONS, AND FIREWORKS LICENSURE AND TAX REQUIREMENTS

Tulalip Liquor License Title 10.35 and Tulalip Liquor Regulations: LICENSE(S) AND INSPECTION REQUIRED

Tulalip Fireworks Code: Amended Title 10.25: LICENSE(S) REQUIRED - License to sell retail fireworks in Tulalip is restricted to enrolled members of the Tulalip Tribes of WA; license to sell wholesale fireworks does not have this restriction.

Tulalip Food Service Sanitation Title 11.20: PERMIT REQUIRED - PERMIT AND INSPECTION REQUIRED

Tulalip Transient Accommodation Title 10.40: LICENSE AND INSPECTION REQUIRED

INSPECTIONS: CONTACT THE TAX & LICENSING DIVISION TO SCHEDULE AT 360.716.4216

***Tribal Owned Businesses located in Tulalip are subject to TTC 12.05 - Sales and Use Tax and TTC 12.25 - Restaurant Privilege Tax**

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, local, county, state, and federal licensure, vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 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	

RECOMMENDATION: [] APPROVE [] APPROVE WITH CONDITIONS: [] DENY *FOR OFFICIAL USE ONLY*

Conditions:

Cause for Denial:

