



LIC NUMBER <small>OFFICIAL USE ONLY</small>	LIC ID NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #	RECEIPT NUMBER	

**The Tulalip Tribes of Washington
Community Development Department
TAX & LICENSING DIVISION**
6406 Marine DR NW
Tulalip, WA 98271
Telephone: (360) 716-4216

APPLICATION FOR SPECIAL EVENT / VENDOR 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.*

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.	APPLICATION FEE	\$ 10.00
	TOTAL AMOUNT PAID	\$

B BUSINESS STRUCTURE

STATUS OF ORGANIZATION AND TYPE OF ENTITY Partnership, Corporate Officers, Managers and/or Members information	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL - No employees <input type="checkbox"/> DOMESTIC CORPORATION
	<input type="checkbox"/> FOREIGN CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> COMMERCIAL FUNDRAISER <input type="checkbox"/> OTHER _____	
Is business classified as a Nonprofit or Charitable Organization for educational, religious, or charitable purpose (ex: (C) (3) non-profit status or equivalent)? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach proof of status (Statement from IRS or Secretary of State or equivalent)	
<input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> CHARITABLE TRUST <input type="checkbox"/> NOT FOR PROFIT CORPORATION	
<input type="checkbox"/> EDUCATIONAL ORGANIZATION <input type="checkbox"/> RELIGIOUS ORGANIZATION	

C BUSINESS / VENDOR INFORMATION - GENERAL

Does business maintain an office or store located within the exterior boundaries of the Tulalip Reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO Is business located at a private resident (i.e. home office)? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate if business is Full or Part Time: <input type="checkbox"/> Part <input type="checkbox"/> Full	Vendor / Trade Name		Website: www.	
	Business Address (Primary Physical Location if any or business mailing address)			
	City	State	Zip	County
	Business Telephone Number () -	Alt or Toll Free Number () -	FAX Number () -	
	Owner Name(s)			
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 services provided 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		
Do your business dealings and transactions include providing care or services (non-retail) children under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain:				

D EVENT INFORMATION

Total number of days vendor will work event: <input type="checkbox"/> ALL <input type="checkbox"/> OTHER _____ If other, specify dates: _____ _____	Event Name		Event Host or Sponsor Name(s)	
	Special Events Location (Street or Route, City, State, Zip - Tulalip Location Only)			
	Special Event Schedule- If dates of event are not consecutive please provide additional event schedule details in the space provided below (ex: Every Tuesday and Friday during the month of April; 9 Total Days)			
	BEGIN / END DATES: _____ to _____ OPEN / CLOSE TIMES: _____ to _____ # DAYS TOTAL: _____ _____ _____			
Briefly describe the type and purpose of Special Event:				
List any individuals other than business owner that are employed to assist you/ your business for this event: _____ _____ _____				

E MISCELANEOUS

AFFILIATE(S), LICENSES, ETC.	WA State Unified Business Identification Number (WA UBI #)	Federal Employer I.D. Number (FEIN)	North American Industry Classification System Number (NAICS)
	Reseller's Permit Number	Indian Traders License Number	
	Is this a Nonprofit Organization for educational, religious, or charitable purpose? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach statement from Internal Revenue Service- (C) (3) non-profit status or equivalent		
Tulalip licenses held currently and/or previous by applicant, business partners, and/or affiliates. Indicate business name, license number, business type, and owner(s):			
Does this business possess a current vendor license issued by the Tulalip Casino/Gaming or lease agreement (special operators license) with Quil Ceda Village/Business Park? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Gaming (Vendor) License # _____ *If yes, attach copy of Quil Ceda Village Special Operators License			
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) – attach additional sheet if necessary:			
ALCOHOL / LIQUOR AND TOBACCO (Ordinances 36A and 42) Do your business operations include manufacturing, distribution, and/or sale of alcohol or tobacco products? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of document(s)		FOOD AND BEVERAGE (Ordinance 74) Does your business prepare food and/or beverage goods for customer consumption? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of document(s)	
TULALIP TRIBAL EMPLOYMENT RIGHTS ORGANIZATION 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			

F ADDITIONAL INFORMATION

TERO COMPLIANCE PLAN Tulalip TERO Ordinances #60 and # 89: 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.	TERO (360) 716-4747
FOOD & BEVERAGE, LIQUOR, TOBACCO, TRANSIENT ACCOMMODATIONS, AND FIREWORKS LICENSE REQUIREMENTS Tulalip Tribes Cigarette Tax Ordinance # 36A: LICENSE(S) REQUIRED- At this time, Cigarette (Tobacco) Licenses are required only for Tribal Owned Businesses operating or providing services which includes the sale of tobacco products on the Tulalip Reservation. Tulalip Tribes Liquor License Ordinance # 42 and Tulalip Liquor Regulations: LIQUOR LICENSE(S) REQUIRED Tulalip Fireworks Code: Amended Ordinance # 52: 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. Tulalip Tribes Food Service Sanitation Ordinance # 74: PERMIT REQUIRED- Food and beverage related businesses show proof of Tribal and/or State health inspection certificate, food permit, and/or food handler card. Tulalip Tribes Transient Accommodation Ordinance # 135: LICENSE REQUIRED	
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, state, county, etc.), vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Ordinance # 99	
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.	

G 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 (Indicate if prepared by other than authorized owner, officer, manager, or member)		Telephone Number () -	
Signature of Preparer X	Title	Date	