

The Tulalip Tribes
Licensing Administrator
 6319 23rd Ave. NE, Bldg B
 Tulalip, WA 98271
 Telephone: (360) 716-4211

THE TULALIP TRIBES BUSINESS LICENSE NUMBER
OWNER/BUSINESS NAME (Please print clearly)

MASTER APPLICATION

Please type or print clearly in dark ink.

A Enclose check for total amount due, including application fee, which MUST be submitted with this form. <i>Make check payable to: The Tulalip Tribes.</i>	PAYMENT SUMMARY	FEE			
	<table border="1"> <tr> <td>APPLICATION FEE</td> <td align="right">\$ 50.00</td> </tr> <tr> <td>TOTAL AMOUNT PAID</td> <td align="right">\$</td> </tr> </table>	APPLICATION FEE	\$ 50.00	TOTAL AMOUNT PAID	\$
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TOTAL AMOUNT PAID	\$				

B BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED (complete appropriate section for business ownership type or provide information about individual to be licensed.)	Check all that apply <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL TO BE LICENSED- No employees	Owners Name (Last, First, Middle) Home Address (Street or Route, P.O. BOX, City, State, Zip) Spouse (Last, First, Middle) Is the name of the spouse to appear on this license? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Social Security Number - - Home Telephone Number () - Social Security Number - -
	PARTNERSHIP List Partners In Section D	Partnership Name if any <input type="checkbox"/> Limited (limited write name exactly as registered with Secretary of State) Partnership Mailing Address (Street or Route, P.O. BOX, City, State, Zip)	Number of Partners
CORPORATION List Corporate Officers in Section D	Corporation Name (Exactly as registered with State of Washington) Number of Corporate Officers Are any Corporate Officers in Washington also Directors and Shareholders? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Date of Incorporation State of Incorporation	
LIMITED LIABILITY COMPANY List of Managers or Members in Section D	Company Name (Exactly as registered with State of Washington) Number of Managers (if no managers, number of members)	Date of Formation State of Formation	

C Miscellaneous Information
TERO COMPLIANCE PLAN TERO (360) 716-4747 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.
FOOD & BEVERAGE, LIQUOR, TABACCO AND FIREWORKS LICENSES Tulalip Tribes Food Service Sanitation Ordinance # 74: PERMIT REQUIRED- Food and beverage related businesses show proof of Tribal and/or State health inspection certificate and food handler card. Tulalip Tribes Liquor License Ordinance # 42 and Tulalip Liquor Regulations: LICENSE REQUIRED Tulalip Tribes Cigarette Tax Ordinance # 36A: LICENSE REQUIRED Tulalip Fireworks Code: Amended Ordinance # 52: LICENSE(S) REQUIRED
SUPPLEMENTARY DOCUMENTS- required 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

D PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS (or members if no managers were elected.)

Name (Last, First, Middle)	Birth date	Spouse (Last, First, Middle)	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title
Name (Last, First, Middle)	Birth date	Spouse (Last, First, Middle)	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title
Name (Last, First, Middle)	Birth date	Spouse (Last, First, Middle)	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title
Name (Last, First, Middle)	Birth date	Spouse (Last, First, Middle)	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number () -	Title

(Attach additional sheets if necessary)

E BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location: Mo <input type="checkbox"/> Day <input type="checkbox"/> Yr <input type="checkbox"/>	Firm/Trade Name			Business Telephone Number () -
	Business Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name)			
	City	State	Zip	FAX Number () -
Business Location (Street or Route, City, State, Zip – Physical Location Only)				Your Federal I.D. Number (FIN)
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	County			Your Unified Business Identification Number (UBI)
Estimated Gross Annual Income on the Tulalip Indian Reservation	Contractor's license number			NAICS #
Describe in detail the principle products sold or services you provide on the Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:				Are you licensed by the Tulalip Casino/Gaming <input type="checkbox"/> YES Gaming License # <input type="checkbox"/> NO
Is this an Indian Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Federally Recognized Tribe	Tribal Enrollment #		
Does your business make and/or sell food and/or beverage goods for customer consumption? <input type="checkbox"/> YES if yes, attach copy of food handlers card <input type="checkbox"/> NO				
Does your company provide services providing care or services other than retail, for children under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is this a Nonprofit Organization for educational, religious, or charitable purpose? If Yes, attach statement from Internal Revenue Service <input type="checkbox"/> YES <input type="checkbox"/> NO				

F SIGNATURE (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

Signature(s) required (if a corp., corporate officer must sign; if a limited liability co., manager must sign) X	Title	Date	
X	Title	Date	
X	Title	Date	
Application prepared by (please print)	Title	Telephone Number () -	Date