

**The Tulalip Tribes**  
**Tax & Licensing Division**  
 6319 23<sup>rd</sup> Ave. NE, Bldg B  
 Tulalip, WA 98271  
 Telephone: (360) 716-4211

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

## LICENSE APPLICATION RENEWAL

Please type or printer clearly in dark ink.

<b>A</b>	<b>PAYMENT SUMMARY</b>	<b>FEE</b>
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>	APPLICATION FEE	\$ <b>15.00</b>
	TOTAL AMOUNT PAID	\$

<b>B</b>	<b>BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED</b>	<small>(complete appropriate section for business ownership type or provide information about individual to be licensed.)</small>
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 Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)
		City
		State
		Zip
		Business Telephone Number ( ) -
Business Location (Street or Route, City, State, Zip – Physical Location Only)		FAX Number ( ) -
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	County	Your Federal I.D. Number (FIN)
Estimated Gross Annual Income on the Tulalip Indian Reservation	Contractor's license number	Your Unified Business Identification Number (UBI)
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:		NAICS #
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		Are you licensed by the Tulalip Casino/Gaming <input type="checkbox"/> YES Gaming License # <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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>C</b>	<b>Miscellaneous Information</b>	
<b>TERO COMPLIANCE PLAN</b>		<b>TERO (360) 716-4747</b>
<p><b>Tulalip TERO Ordinances #60 and # 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.</p>		
<b>FOOD &amp; BEVERAGE, LIQUOR, TABACCO AND FIREWORKS LICENSES</b>		
<p><b>Tulalip Tribes Food Service Sanitation Ordinance # 74:</b> PERMIT REQUIRED- Food and beverage related businesses show proof of Tribal and/or State health inspection certificate and food handler card.</p> <p><b>Tulalip Tribes Liquor License Ordinance # 42 and Tulalip Liquor Regulations:</b> LICENSE REQUIRED</p> <p><b>Tulalip Tribes Cigarette Tax Ordinance # 36A:</b> LICENSE REQUIRED</p> <p><b>Tulalip Fireworks Code: Amended Ordinance # 52:</b> LICENSE(S) REQUIRED</p>		
<b>SUPPLEMENTARY DOCUMENTS- required</b>		
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		

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