



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 MASTER 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 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- type: _____	Business License - NEW	\$ 50.00
	Business License - Renewal	\$ 15.00
	Penalties / Other	\$.00
	TOTAL APPLICABLE FEES PAID	\$

B

BUSINESS INFORMATION – GENERAL

Date business first conducted (opened) under current ownership at this WA location: ____ / ____ / ____	Firm / Trade Name	Website: www.		
Business Address (Tulalip Location OR Primary Physical 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:	City	State	Zip	County
	Business Telephone Number () -	Alt or Toll Free Number () -	FAX Number () -	
	Business Mailing Address (If Different From Above)			
	City	State	Zip	County
Is business located at a private resident (i.e. home office)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Business Telephone Number () -	FAX Number () -	Alternate Telephone: () -	
REGISTERED AGENT / OFFICE BUSINESS CONTACT Licensing related correspondence will be directed to person listed.	Agent or Contact Name		Title	Is Contact office located at physical location of business to be licensed by the Tulalip Tribes? <input type="checkbox"/> YES <input type="checkbox"/> NO
	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 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:				

C

BUSINESS STRUCTURE

STATUS OF ORGANIZATION AND TYPE OF ENTITY Partnership, Corporate Officers, Managers and/or Members information Indicate if business is full or part time: <input type="checkbox"/> Part <input type="checkbox"/> Full	<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		
Legal Business Name			
Date of Incorporation or Formation	State(s) or Tribe of Incorporation or Formation	Number of Corporate Officers, Members, or Partners:	
Number of Employees:	Are any Corporate Officers in Washington also Directors / Shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list:		

INCORPORATION, FORMATION, AND IDENTIFICATION OF OWNERS List owners (and spouse if married), partners, officers, members, or managers; attach separate sheet(s) if necessary.	Name (Last, First, Middle)	Title and/or % owned	Home Telephone Number () -
	Residence Address (Street or Route, P.O. BOX, City, State, Zip)		
	Name (Last, First, Middle)	Title and/or % owned	Home Telephone Number () -
	Residence Address (Street or Route, P.O. BOX, City, State, Zip)		
	Name (Last, First, Middle)	Title and/or % owned	Home Telephone Number () -
Residence Address (Street or Route, P.O. BOX, City, State, Zip)			
REGISTERED TRADE NAMES ('DBA's') Trade Names must be registered with the WA Secretary of State or equivalent, if name is not registered DO NOT complete this section.	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 MISCELANEOUS INFORMATION

LICENSES, BONDING, AND INSURANCE, AND AFFILIATE(S)	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	Contractor's License Number	Union Name
	Does this business possess a current license issued by the Tulalip Casino/ Gaming or Quil Ceda Village/ Business Park? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Gaming (Vendor) License # _____ and/or attach a copy of Quil Ceda Village Special Operators License		

Is business affiliated with any other business(es), including subsidiaries? YES NO If yes, please explain affiliation (business relationship) – attach additional sheets if necessary:

List all **ACTIVE** 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 **INACTIVE** 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 _____	_____

Is Business Bonded and Insured? YES NO If Yes; Provide current bonding and insurance information, including bond and insurance company name, account number, policy number, date effective, date of expiration, and bond and insurance amounts:

BOND COMPANY NAME	ACCT #	EFFECTIVE DATE	EXPIRATION DATE	BOND AMOUNT
_____	_____	_____	_____	\$ _____
INSURANCE COMPANY NAME	POLICY #	EFFECTIVE DATE	EXPIRATION DATE	INS. AMOUNT
_____	_____	_____	_____	\$ _____
INSURANCE COMPANY NAME	POLICY #	EFFECTIVE DATE	EXPIRATION DATE	INS. AMOUNT
_____	_____	_____	_____	\$ _____

E **ADDITIONAL INFORMATION**

“MOBILE” BUSINESS Does primary business activity include the operation of a vehicle / mobile unit traveling from place to place to offer sale of products? YES NO
If yes, attach a copy of a valid WA State Drivers License for each person operating vehicle / mobile unit within the exterior boundaries of the Tulalip Reservation, and a separate sheet providing description of all vehicles / mobile units used for this purpose. Description shall include at minimum the make, model, year, license number, color, and affixed signage, advertisement, and/or other identifying marker for each vehicle / mobile unit.

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)
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TULALIP TRIBAL EMPLOYMENT RIGHTS ORGANIZATION
 Does business have a Tulalip TERO Compliance Contract? YES NO If No, do intend to enter into a Tulalip TERO Compliance Contract? YES NO
 Is Business listed on the Tulalip TERO Native Owned Business Registry? YES NO

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, 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.

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:	<i>FOR OFFICIAL USE ONLY</i>
<input type="checkbox"/> APPROVE	<input type="checkbox"/> APPROVE WITH CONDITIONS:
Conditions:	

<input type="checkbox"/> DENY	Cause for Denial:

