

**The Tulalip Tribes - CDD
Tax & Licensing Division**
6406 Marine Drive – 2nd Floor
Tulalip, WA 98271
Telephone: (360) 716-4212

| |
|---|
| TULALIP TRIBES BUSINESS LICENSE NUMBER |
| TULALIP BUSINESS ID |

MASTER APPLICATION

Please type or print clearly in dark ink and complete in full.

A PAYMENT SUMMARY

FEE

Enclose check for total amount due, including application fee, which **MUST** be submitted with this form. Please make checks payable to: **The Tulalip Tribes**

| | |
|-------------------|-----------------|
| APPLICATION FEE | \$ 50.00 |
| 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 | Owners Name (Last, First, Middle) | | Social Security Number - - |
| | Home Address (Street or Route, P.O. BOX, City, State, Zip) | | Home Telephone Number () - |
| <input type="checkbox"/> INDIVIDUAL TO BE LICENSED- No employees | Spouse (Last, First, Middle) | Is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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) | | Number of Partners |
| | Partnership Mailing Address (Street or Route, P.O. BOX, City, State, Zip) | | |
| CORPORATION List Corporate Officers in Section D | Corporation Name (Exactly as registered with State of Washington) | | Date of Incorporation |
| | Number of Corporate Officers | Are any Corporate Officers in Washington also Directors and Shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO | State of Incorporation |
| LIMITED LIABILITY COMPANY List of Managers or Members in Section D | Company Name (Exactly as registered with State of Washington) | | Date of Formation |
| | Number of Managers (if no managers, number of members) | | State of Formation |
| REGISTERED TRADE NAMES (Trade Names must be registered by the Secretary of State) | DBA / Other Trade Name | Is this trade name registered with the state of WA? <input type="checkbox"/> YES <input type="checkbox"/> NO | Is this name to appear on license? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes; <input type="checkbox"/> ONLY DBA <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 | Is this name to appear on license? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes; <input type="checkbox"/> ONLY DBA <input type="checkbox"/> In addition to Firm Name |

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

INCOMPLETE FORMS WILL NOT BE PROCESSED:

Incomplete forms and/or failure to remit fee or attachments will result in return of documents to the applicant and may result in penalty fees.

D PARTNERS, CORPORATE OFFICERS, LIMITED LIABILITY COMPANY MANAGERS, OR MEMBERS

| | | | |
|--|------------|--------------------------------|---------|
| 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

| | | | | |
|---|--|---------------------|--|------------------------------------|
| Date business first will be (was) conducted, under this owner, at this WA location: Mo Day Yr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Registered 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 business located within the exterior boundaries of the Tulalip Reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO | County | | Your Federal I.D. Number (FIN) | |
| Estimated Gross Annual Income on the Tulalip Indian Reservation | Is this Business: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Contractor's License Number | |
| 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: | | | Unified Business Identification (UBI) Number | |
| | | | North American Industry Classification System (NAICS) Number | |
| Is this an Indian Owned Business? <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes; Percentage Indian Owned: % | | Does business have a TERO Compliance Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Name of Federally Recognized Tribe: | | Tribal Enrollment # | | |
| 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 # If yes, attach copy of Quil Ceda Village Special Operators License | | | | |
| 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 If yes, please explain: | | | | |
| Is this a Nonprofit Organization for educational, religious, or charitable purpose? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Does your business prepare food and/or beverage goods for customer consumption? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If Yes, attach statement from Internal Revenue Service- (C) (3) non-profit status or equivalent | | | If yes, attach copy of food handlers card | |

F SIGNATURE (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**

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