



Stillaguamish Tribe of Indians
 Business Licensing & Tax Commission
 PO Box 277
 3322 236th St. NE
 Arlington, WA 98223
 360.652.7362
 Visit us at www.stillaguamish.com

APPLICATION FOR BUSINESS LICENSE

NOTICE: Application ***must be filled in completely and signed*** or it will be returned to the applicant. No modifications of any kind may be made to this application form. Payments received are non-refundable.
Please submit your businesses W9 signed in the current year along with this application.

I. BUSINESS INFORMATION:

1. Federal EIN: _____
2. Legal Business Name or Name of Legal Owner: _____

3. Trade or "Doing Business as" Name: _____
4. Telephone Number: _____ Fax Number: _____
5. Email Address: _____ Web Address: _____
6. Physical Business Location Address: _____

7. Mailing Address: _____

8. Describe the type of business to be conducted (must include type of merchandise sold or service provided):

 - a. The location of the Tribe's land where the business will be conducted:

 - b. Stillaguamish Tribal contact person/department doing business with:

II. STATUS OF ORGANIZATION, TYPE OF ENTITY AND CATEGORY TYPE:

1. Status:
 For Profit Organization Non-Profit Organization 501(C) (3) Organization
2. Type of Entity:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Professional Limited Liability	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Church Organization
<input type="checkbox"/> Educational Organization	<input type="checkbox"/> Other: _____

3. If a corporation, indicate state(s) or tribe(s) where incorporated: _____

4. Category Type:

(Please check one of the following. Note: If your company does not fall into a category below, the company is not required to obtain a Business License.)

- Construction Contractors
- Fixed Retail Sales
- Peddlers

- Child Care Centers
- Adult Day Care Centers
- Wholesale Sales

III. REASON FOR APPLYING:

- New Applicant – Date to start business on tribal land: _____
- Renewal
- Change type of entity/organization (specify new type): _____
- Add/remove owner partner (Fee: \$20.00)

I request the following type of license (check only one):

- Renewal:** Only to be used to renew an annual business license.
Application for renewal must be filed on or before the expiration date of the current license.
Fee: \$50.00
- Annual:** To be engaged in business exceeding three (3) months for calendar year. Expires twelve (12) months after the date of issuance of the license.
Fee: \$80.00
- Temporary:** Engaged in business three (3) months or less.
Applicant must indicate month, day, and year business is to commence.
Fee: \$40.00 Date: _____
- Expedited Processing:** Processed in Seven (7) business days.
Additional Fee: \$20.00

IV. IDENTIFICATION OF OWNERS:

1. Identification of owner(s), partners, directors and officers, or managing members (as applicable):

****This information is needed to complete a background check. It is kept completely confidential and is required for the Application process.**

Name (Last, First, M.I.)	Residence Address	Phone Number	Date of Birth	Social Security Number

2. Agent for services of process. Name and address of agent who will accept process on behalf of the business (if applicable):

V. LICENSE AND INSURANCE INFORMATION:

- Are you licensed by any tribal, state, or city government (such as Washington UBI, contractor license, professional license, health permit, and/or liquor license):

Yes No

If yes, name of license and government that issued license:

1. Has any business license you held ever been suspended, revoked, or application denied:

Yes No

If yes, please explain:

2. Are you bonded or insured:

Yes No

If yes, provide policy information:

VI. ADDITIONAL INFORMATION:

1. Are you a Stillaguamish Tribal Member: Yes No

If yes, Enrollment Number: _____

2. Are you a member of another federally-recognized tribe: Yes No

If yes, name of tribe and proof of membership (attach copy of membership):

Each licensee shall comply with all Stillaguamish Tribal laws, including but not limited to: Stillaguamish Tribal tax laws, Indian employment and contracting preference laws and applicable federal law. The licensee is required to comply with any additional Stillaguamish Tribal laws as such laws are enacted by the Board of Directors, and obtain any other licenses or permits required by applicable law.

Each licensee consents to the jurisdiction of the Stillaguamish Tribal Court as to any cause of action arising in connection with the transaction of any business within the Stillaguamish Tribal lands.

Each licensee understands and agrees to submit to a criminal background investigation to be conducted by the Stillaguamish Tribal Tax Commission, as requested by the Tax Commission or as required under Stillaguamish Tribal Law, as a condition of this license. By signing this application, the applicant also swears to not send any employees onto Stillaguamish Tribal Land that pose a risk to Stillaguamish Tribal members or any customer of a Stillaguamish Tribal Business, and the applicant accepts any liability that flows from the applicant's failure to abide by this agreement.

The Tax Commission or its designee shall have the authority to deny a license, suspend or revoke any license, assess penalties and costs of collection, and issue notices of violation of the Business Licensing and Taxation Code. The notice shall be the final decision of the Tax Commission or its designee. Any appeal shall be taken in accordance with the Business Licensing and Taxation Code and Stillaguamish Tribal law.

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 Stillaguamish Tribal laws applicable to my business and consent to the jurisdiction of the Stillaguamish Tribal Court and service of process in matters arising from the conduct of business. By signing below, I consent to having the Tax Commission run a background check on me if required under Section IV of this application.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

PAYMENT: Make check/money order payable to "Stillaguamish Tribe of Indians" and indicate payment is for "Business License". DO NOT SEND CASH. Send payments to PO Box 277, 3322 236th St NE, Arlington, WA 98223. **We also accept** Debit and Credit cards in office and over the phone. Questions: Please contact Administrative Assistant, Rhonda Duxbury of the Business Licensing and Tax Commission at 360.572.3024 / 360.652.7362 or send an email to rduxbury@stillaguamish.com.