THE HOPI TRIBE
Office of Revenue Commission
P.O. BOX 123
KYKOTSMOVI, ARIZONA 86039
PHONE: (928) 734-3172
FAX: (928) 734-3179

DATE STAMP
2012
BL# NHRL
OFFICE USE ONLY

BUSINESS LICENSE APPLICATION - CONSTRUCTION PROJECTS

Please choose one of the following options:

☐ New Business ☐ License Renewal Previous License Number: _____

BUSINESS NAME: _____

ENTER THE NAME YOU WILL BE DOING BUSINESS AS. YOU MUST ADVERTISE AND OPERATE IN THE EXACT NAME LISTED.

Federal Employee Identification Number (EIN): _____

MAILING ADDRESS:

STREET ADDRESS OR P.O. BOX

CITY STATE ZIP

PHYSICAL ADDRESS:

STREET ADDRESS

CITY STATE ZIP

TELEPHONE: _____ FAX: _____

OWNERSHIP INFORMATION: Please choose one of the following.

☐ SOLE PROPRIETOR ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **LLC** ☐ **LLP** ☐ **LP** ☐ **OTHER**

Name(s) of Owner(s) OR Entity Name _____

Clearly print name of Sole Proprietor (one individual owner) OR all partner names if a partnership (if necessary, list all partners on a separate page) OR Entity name if a Corporation, LLC, LLP, or LP.

CONTACT PERSON: _____ TITLE: _____

EMAIL ADDRESS: _____ PHONE: _____

Hopi Reservation Project Location: _____

Type of work your company will perform at project site: _____

*Attached separate sheet if necessary

Project Site Supervisor: _____ Phone: _____

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Fee paid: _____ Date paid: _____ Receipt #: _____

TERO Approval Date: _____ HEPO Approval Date: _____ Date Issued: _____

ORC Approval Signature & Date: _____

Comments: _____

THE HOPI TRIBE
OFFICE OF REVENUE COMMISSION
BUSINESS LICENSE APPLICATION - CONSTRUCTION CONTRACTORS

OFFICE USE ONLY
2012
Business License #

PLEASE INITIAL NEXT TO FOLLOWING. BY INITIALING, YOU HAVE AGREED THAT YOU UNDERSTAND THE INSTRUCTIONS AND WILL COMPLY WITH THE TERMS AND CONDITIONS OF THE HOPI TRIBES BUSINESS LICENSING PROCESS. **ANY SECTIONS NOT INITIALED WILL DELAY THE APPLICATION PROCESS.**

ALL APPLICANTS

_____ I agree to contact the Tribal Employment Rights Office **(TERO)** at (928) 734-3162 or by email **CGrover@hopi.nsn.us**.

_____ I agree to the contact the Hopi Environmental Protection Office **(HEPO)** at (928) 734-3632 or by email at **JArrieta@hopi.nsn.us**.

_____ I have submitted evidence of General Liability Insurance with my application packet.

_____ I understand that business license certificates are project specific and are valid only for the project specified on this application. I will apply for and obtain a business license for any other project I may secure in the future on the Hopi reservation.

PRIMARY/GENERAL CONTRACTORS

_____ I agree to inform all sub-contractors working on the stated project, of the Business License process.

_____ I agree to provide the Office of Revenue Commission a list of ALL sub-contractors that will work on the specified project. This list will include contact names and contact information.

_____ I agree to not commence work, nor shall any of the listed sub-contractors commence work until the business license process is complete and a certificate is issued.

BUSINESS LICENSE FEE: Make check or money order payable to **The Hopi Tribe • Office of Revenue Commission**

Enter **awarded** contract amount: _____

Fee will be based on fee schedule according to awarded contract amount:

CONTRACT AMOUNT	FEE
Less than $99,999.00	$200.00
$100,000.00 - $399,999.00	$300.00

CONTRACT AMOUNT	FEE
$400,000.00 - $649,999.000	$400.00
$650,000.00 and higher	$500.00

I agree to comply with all provisions of Ordinance No. 17 of the Hopi Tribe and all business regulations applicable on the Hopi Reservation, be it Federal or Village Policies and I agree not to conduct any business activity on the Hopi reservation until my application is approved and a license is issued. I will comply and abide by all Federal, State, and Tribal laws while on the Hopi reservation and I understand that I have subjected the company and it's employees to the jurisdiction of the Hopi Tribe. I hereby certify that the information provided on this application is true and correct to the best of my knowledge, and any false information knowingly provided by me may lead to prosecution, penalties and/or revocation of my license under the provisions of Ordinance No. 17.

_____ Signature

_____ Date

lk 3/26/2012