THE HOPI TRIBE
OFFICE OF REVENUE COMMISSION
P.O. BOX 123
KYKOTSMOVI, ARIZONA 86039
PHONE: (928) 734- 3172 • FAX: (928) 734-3179

FY:	2012
Hopi Enrolled:	
Other:	
Please Check One	

PEDDLER'S PERMIT APPLICATION

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ **NEW APPLICANT** ☐ **PERMIT RENEWAL**

Applicant First & Last Name: _____

Address: _____
P.O. Box / Street Address City State Zip

Date of Birth / DOB: _____

Contact Information:

_____ _____ _____
Telephone Number Fax Number Email Address

Hopi Enrolled Applicants: _____ _____
Enrollment Number Village Affiliation

Food Handlers Card : _____
Card Number Expiration Date

Vehicle Information:

_____
Color Make & Model License Plate Number State

Please list items/goods to be offered for sale: _____

Has your Peddler's Permit ever been revoked or suspended? ☐ **Yes** ☐ **No**

If yes, please provide reason(s): _____

I, hereby authorize the Office of Revenue Commission to release my contact information to any person inquiring about business related activities ***only*** : ☐ **Yes** ☐ **No**

I agree to comply with the provisions of Ordinance No. 17 and Ordinance No. 12 as well as all business regulations applicable on the Hopi reservation, be it Federal or adopted Village policies and I agree not conduct any peddling activity on the Hopi reservation until my application has been approved and a Peddler's Permit has been issued to me. I will comply and abide by all applicable Federal and Tribal laws while on the Hopi reservation and I understand that I am subject 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 and/or Ordinance No. 12.

_____ _____
Applicant Signature Date

lk 3/26/2012

OFFICE USE ONLY

Date: _____ Fee Paid: $ _____ Receipt Number: _____

Permit No. Issued: _____ Valid from: _____ to _____
Issue Date Expiration Date

Approval Signature: _____ Date: _____

Comments: _____

Renewal Date: **Number Issued:** **Fee Paid:** **Receipt Number:**	NHP012- $_____.00	NHP012- $_____.00	NHP012- $_____.00	NHP012- $_____.00	Over