



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

| |
|-----------------|
| DATE STAMP |
| 2016 |
| BL# NHRL016 - |
| OFFICE USE ONLY |

CONSTRUCTION PROJECT- BUSINESS LICENSE APPLICATION

PLEASE DO NOT SUBMIT CONSTRUCTION APPLICATION UNTIL YOUR COMPANY HAS BEEN AWARDED THE CONTRACT.

Application process takes up to thirty, (30) days to complete. Please ensure your application is completed and approved prior to **NOTICE TO PROCEED DATE.**

Please type or print clearly

Please choose one of the following options:

New Business License Renewal Previous License Number: _____

BUSINESS NAME: _____
DBA - THIS IS HOW IT WILL APPEAR ON CERTIFICATE. YOU MUST ADVERTISE AND OPERATE IN THE EXACT NAME LISTED.

Federal Employee Identification Number (EIN): _____

Contractor's License Number: _____

| | |
|---|---|
| MAILING ADDRESS: | PHYSICAL ADDRESS: |
| _____ | _____ |
| <small>STREET ADDRESS OR P.O. BOX</small> | <small>STREET ADDRESS</small> |
| _____ | _____ |
| <small>CITY STATE ZIP</small> | <small>CITY STATE ZIP</small> |

TELEPHONE: _____ **FAX:** _____

OWNERSHIP INFORMATION: Please choose one of the following.

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

**** If OTHER, Please explain:** _____

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.

PROJECT MANAGER: _____

EMAIL ADDRESS: _____ **PHONE:** _____

Project Owner Name & Project Location, (Indicate specific work to be performed): _____

Project dates: Start: _____ **End:** _____

**** PLEASE ATTACH A MAP OF LOCATION(S) WHERE YOU WILL BE DOING WORK ****

Please attach copy of contract: _____

*If Contract or Scope of Work is not attached, application will be considered incomplete and shall be returned with no action taken:

ONLY TWO, (2) FORMS OF PAYMENT SHALL BE ACCEPTED: CASHIER'S CHECK OR MONEY-ORDER ONLY

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 BE CONSIDERED INCOMPLETE AND ALL SUBMITTELS WILL BE RETURNED.**

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 contact the Hopi Environmental Protection Office (HEPO) at (928) 734-3632 or by email at **RPolivema@hopi.nsn.us**.

I have submitted evidence of General Liability Insurance **Naming The Hopi Tribe as Certificate Holder** along 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.

**** Please submit a listing of all Sub-Contractors hired under this contract on the Sub-Contractor sheet**

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: Only 2 forms of payment will be accepted; Cashier's Check or money order, and 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 | CONTRACT AMOUNT | FEE |
|-----------------------------|----------|-----------------------------|----------|
| Less than \$99,999.00 | \$200.00 | \$400,000.00 - \$649,999.00 | \$400.00 |
| \$100,000.00 - \$399,999.00 | \$300.00 | \$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.

BY INITIALING YOU CONSENT TO HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

Initial: _____ Date: _____

Signature

Date

LFL10152015

OFFICE USE ONLY

TERO Approval Date: _____

HEPO Approval Date: _____

ORC Approval Signature & Date: _____

Comments: _____

Sub - Contractors

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____

Contractor: _____ Owner(s): _____
Business Address: _____
P.O. Box or Street City State Zip Code
Contact: _____ Email: _____
