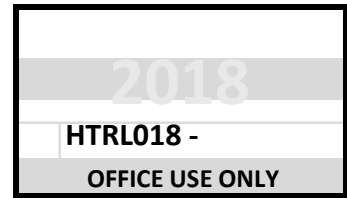




**OFFICE OF REVENUE COMMISSION**  
 P.O. BOX 123  
 KYKOTSMOVI, ARIZONA 86039  
 Phone: 928-734-3172 Fax: 928-734-3179



**2018 HOPI TOUR LICENSE APPLICATION**

(Must be 18 years old to apply for a Tour License)

New Applicant       License Renewal      Previous Tour License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

\*Hopi Enrollment Number: \_\_\_\_\_ - \_\_\_\_\_      SSN Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Contact Person/Owner: \_\_\_\_\_

Address: \_\_\_\_\_ \*Village: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Ownership Information:**

- Partnership       Sole Proprietor       Corporation       Step-On Guide  
 Other: \_\_\_\_\_

**Type of Transportation for providing Tourism services:**       Bus       Van       Rental

Other \_\_\_\_\_

**Provide information for all vehicles conducting Tours on the Hopi reservation:**

- License Numbers & Description of Insured Vehicles       List Driver (s)       Copy of AZ Driver's License

**Other information:**

- Evidence of Certificate of Liability Insurance       Site Visitation Permits issued by the Hopi Tribe - Cultural  
 (Hopi Tribe as Certificate Holder)      Preservation Office

\*I hereby agree to abide by the laws of the Hopi Tribe, Ordinance 17, and all policies that pertain to business activities. I agree not to engage in any business activities or any tours until I have obtained a Tour license certificate signed by the Chief Revenue Officer or his/her designee. I understand that operating a business on the Hopi Reservation is a privilege and may be revoked or suspended for non-compliance. I hereby certify that the information provided in the application and other documents submitted are true and correct to the best of my knowledge and that any false or misleading information provided by me, may lead to legal action in the Hopi Tribal Court; to include revocation of my license, exclusion from the Hopi Reservation and other penalties under the provisions of the Hopi Tribe's Law, Ordinance 17 and Policies of the Hopi Tribe.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE AND UNDERSTAND THE PROVISIONS OF THIS PARAGRAPH.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE