

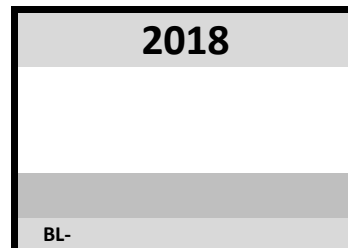


Office Of Revenue Commission

P.O. BOX 123

KYKOTSMOVI, ARIZONA 86039

PHONE: (928) 734- 3172 • FAX: (928) 734-3179



Business License Application

Please type or print legibly

Please choose one of the following

NEW BUSINESS APPLICANT

LICENSE RENEWAL

Business Name: _____

PLEASE ADVERTISE AND OPERATE WITH THE NAME YOUR COMPANY WILL CONDUCT BUSINESS AS.

MAILING ADDRESS:

PHYSICAL ADDRESS:

P.O. BOX

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE # _____

FAX# _____

OWNERSHIP INFORMATION: PLEASE CHOOSE ONE OF THE FOLLOWING

CORPORATION

LC

OTHER

*If OTHER, please explain: _____

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

Clearly print name of partner(s) if a partnership (list all partners on a separate paper).

CONTACT PERSON: _____

TITLE: _____

EMAIL ADDRESS: _____

PHONE # _____

REQUIRED

Type of service(s) or business to be performed on the Hopi Reservation? _____

If an agreement has been executed, attach a copy of the document.

Date of project: _____

Start: _____

End: _____

Awarding Agency (Contracting/Tribal program your company will be providing services to) _____

When applicable submit a copy of a lease/rental agreement or any other document which entitles your business to occupy the space from which your business will operate. An application packet and lease/rental information must be submitted for each separate location.

BUSINESS LICENSE FEE

The fee is based on Annual Revenue obtained on the Hopi Reservation the previous Business License year. **NEW** applicants shall pay the lowest fee.

ANNUAL REVENUE REPORT FOR 2017

TOTAL: \$

***FEE IS SUBJECT TO CHANGE**

Annual Revenue Report	FEE
\$0.00 - \$99,999.00	\$400.00
\$100,000.00 - \$399,999.00	\$500.00

Annual Revenue Report	FEE
\$400,000 - \$649,999.00	\$600.00
\$650,000 - higher	\$700.00

Ensure you have submitted the following with your completed 2018 application:

- **Evidence of General Liability insurance naming the Hopi Tribe as certificate holder.**
- **A completed W-9 Form.**
- **Food Service Establishments - A copy of a valid Sanitation Permit issued by the Hopi Tribe.**

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 commence any projects until I have obtained a business 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, and other penalties under the provisions of the Hopi Tribe's Laws, and Policies.

Signature

Date

THIS APPLICATION IS NULL AND VOID WITHOUT A SIGNATURE

10/10/2017 ORC