



**OFFICE OF REVENUE COMMISSION**  
 P.O. BOX 123 / 1 MAIN STREET  
 KYKOTSMOVI, ARIZONA 86039  
 PHONE: (928) 734- 3172 • FAX: (928) 734-3179

BL#-

## Business License Application

Please follow up on your application to ensure your business license is approved. Office of Revenue Commission  
 is afforded 30 days to complete the application process from the date of submission.

Please type or print legibly

PLEASE CHECK ONE OF THE BOXES THAT APPLY:

**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

**TELEPHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**OWNERSHIP INFORMATION: PLEASE CHOOSE ONE OF THE FOLLOWING**

**CORPORATION**

**LLC**

**OTHER**

*\*If OTHER, please provide explanation:* \_\_\_\_\_

**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:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

REQUIRED

**What 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)** \_\_\_\_\_

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**

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

Gross Revenue	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 must be submitted.**
- **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