



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

DATE STAMP
2017
BL# NHRL017 -
OFFICE USE ONLY

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

CONSTRUCTION PROJECT APPLICATION

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

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

Please type or print legibly

Please choose one of the following options:

New Business
 License Renewal
 Previous License Number: _____

BUSINESS NAME: _____

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

Contractor's License Number: _____

MAILING ADDRESS: (IF DIFFERENT FROM PHYSICAL ADDRESS) **PHYSICAL ADDRESS:**

STREET ADDRESS OR P.O. BOX STREET ADDRESS

CITY STATE ZIP CITY STATE ZIP

TELEPHONE: _____ **FAX:** _____

COMPANY INFORMATION: Please choose one of the following.

CORPORATION
 LLC
 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 page).

PROJECT MANAGER OR CONTACT PERSON FOR PROJECT: _____

EMAIL ADDRESS: _____ **PHONE:** _____
REQUIRED

Project Location and specific work to be performed: _____

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

Please attach copy of contract: _____

*If Contract or Scope of Work is not attached, application will be considered incomplete and shall be returned.

ALL APPLICANTS - ANY SECTIONS NOT INITIALED WILL BE CONSIDERED INCOMPLETE AND ALL SUBMISSIONS WILL BE RETURNED

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.

- _____ 1. I agree to contact the Tribal Employment Rights Office (TERO) at (928) 734-3162 or by email **CGrover@hopi.nsn.us**.
- _____ 2. I agree to the contact the Hopi Environmental Protection Office (HEPO) at (928) 734-3632 or by email at **LNutumya@hopi.nsn.us**.
- _____ 3. I have submitted evidence of General Liability Insurance identifying **The Hopi Tribe as Certificate Holder**.
- _____ 4. I understand that business license certificates are project specific and are valid only for the project specified on the application.
- _____ 5. I agree to inform all sub-contractors working on the stated project, of the Business License process.
- _____ 6. 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**

Enter **awarded** contract amount: \$ _____

***FEE IS SUBJECT TO CHANGE**

AWARDED CONTRACT AMOUNT	FEE		AWARDED 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 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, exclusion from the Hopi Reservation and other penalties under the provisions of the Hopi Tribe's Laws, Ordinance 17 and Policies of the Hopi Tribe. BY INITIALING, I
ACKNOWLEDGE AND UNDERSTAND THE PROVISIONS OF THIS PARAGRAPH.

Initial: _____ Date: _____

Signature _____
Date

THIS APPLICATION IS NULL AND VOID WITHOUT A SIGNATURE

MH1132016