

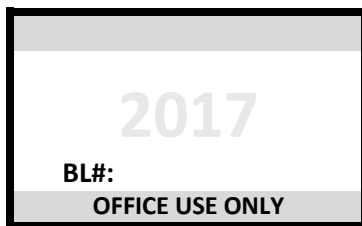


**THE HOPI TRIBE  
OFFICE OF REVENUE COMMISSION**

P.O. BOX 123

KYKOTSMOVI, ARIZONA 86039

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



**HOPI BUSINESS LICENSE APPLICATION**

PLEASE CHOOSE ONE OF THE FOLLOWING:

NEW BUSINESS APPLICANT       LICENSE RENEWAL

PREVIOUS BUSINESS LICENSE #: \_\_\_\_\_

Business Name: \_\_\_\_\_

ENTER THE NAME ,DBA. (This is how it will appear on certificate) / YOU MUST OPERATE AND ADVERTISE WITH THE EXACT NAME LISTED.

MAILING ADDRESS:

PHYSICAL ADDRESS:

\_\_\_\_\_  
P.O. BOX OR STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

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

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

OWNERSHIP INFORMATION: PLEASE CHOOSE ONE OF THE FOLLOWING

SOLE PROPRIETOR       PARTNERSHIP       LLC

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

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.

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

**Privately Hopi Owned Business License Applicants: Please complete the following**

What percentage (%) of business is owned by an enrolled member of the Hopi Tribe: \_\_\_\_\_

Hopi Owner(s) Enrollment Card Number: \_\_\_\_\_

**Businesses wholly owned/operated by a Village or organization of the Hopi Tribe DO NOT need to complete this section.**

What type of service(s) or business will you be doing on the Hopi reservation? \_\_\_\_\_

If you plan on leasing a fixed location for your business, please provide a copy of a lease/rental agreement or any other document which entitles your business to occupy the space/area from which your business will operate from. A separate applicaton packet and lease/rental information must be submitted for each separate location.

**Please ensure you have submitted the following with your completed 2016 application:**

- 1 Food Service Establishments - A copy of a valid Sanitation Permit issued by the Hopi Tribe.

PLEASE MAKE PAYMENT PAYABLE TO: Office of Revenue Commission

*Thank -You!*

**Hopi Business License Fee: Exempt**

I, hereby authorize the Office of Revenue Commission to release my business information to any person inquiring about business related activity ONLY:  yes  no

\*Please note: The Commission will provide general contact information only, but will **not** refer any business to anyone.

I hereby agree to comply with Ordinance No. 17 of the Hopi Tribe and all Village policies that pertain to business activity. I further understand that if my business operations involve the preparation and/or the sale of food to the general public, that I will comply with Ordinance No. 12 of the Hopi Tribe. I agree to not engage in any business activity 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 privileges may be revoked for non-compliance of any ordinance and/or policy of the Hopi Tribe. I hereby certify that the information provided in this application and other documents requested is true and correct to the best of my knowledge and any false information knowingly provided by me may lead to prosecution in the Hopi Tribal Court and may result in penalties which may include revocation of my license under the provisions of Ordinance No. 17 and No. 12. By initialing, you understand and shall abide the above provisions of Ordinance 17 and Ordinance 12.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt or T. R. #: \_\_\_\_\_

ORC Approval Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_