



**THE HOPI TRIBE**  
**OFFICE OF REVENUE COMMISSION**  
 P.O. BOX 123  
 KYKOTSMOVI, ARIZONA 86039

2015
DATE STAMP
HP 016-

**HOPI PEDDLER'S PERMIT APPLICATION**

(You must be 16 years of age to apply for a Peddlers Permit)

**NO PERMITS SHALL BE ISSUED ON FRIDAYS**

PLEASE CHOOSE ONE OF THE FOLLOWING:

- NEW APPLICANT**                       **LOST/REPLACEMENT (\$2.00 FEE)**                       **PERMIT RENEWAL**

Applicant First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box / Street Address                      City                      State                      Zip

Date of Birth / DOB: \_\_\_\_\_ **Hopi Enrolled Applicants:** \_\_\_\_\_  
Enrollment Number                      Village Affiliation

Contact Information: \_\_\_\_\_  
Cell/Telephone Number                      Message Phone Number                      Email Address

Food Handlers Card : \_\_\_\_\_  
Card Number                      Expiration Date                      Issuing Agency

Vehicle Information: \_\_\_\_\_  
Color                      Make & Model                      License Plate Number                      State

**Please check items to be sold:**    Arts & Crafts \_\_\_ Food \_\_\_ Yard Sale Items \_\_\_ Wood \_\_\_  
 Other \_\_\_\_\_ I specialize in \_\_\_\_\_

**(Please Note: Pirated DVD/CD's are strictly prohibited for sale.)**

Has your Peddler's Permit ever been revoked or suspended?     **Yes**                       **No**  
 If yes, please provide reason(s): \_\_\_\_\_

I, hereby authorize the Office of Revenue Commission to release my contact information to any person(s) inquiring about items being sold:     **Yes**                       **No**

**I agree to comply with the provisions of Ordinance No. 17 and Ordinance No. 12 as well as all business regulations applicable on the Hopi reservation, be it Federal or adopted Village policies and I agree not conduct any peddling activity on the Hopi reservation until my application has been approved and a Peddler's Permit has been issued to me. I will comply and abide by all applicable Federal and Tribal laws while on the Hopi reservation and I understand that I am subject to the jurisdiction of the Hopi Tribe. I hereby certify that the information provided on this application is true and correct to the best of my knowledge and any false information knowingly provided by me may lead to prosecution, penalties, and/or revocation of my license under the provisions of Ordinance No. 17 and/or Ordinance No. 12.**

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

LFL11142014

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Permit No. Issued **HP016-** \_\_\_\_\_                      12/31/2015  
Expiration Date

Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
Signature

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