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

2017

H P 017-

Phone: 928-734-3172 Fax: 928-734-3179

HOPI PEDDLER'S PERMIT APPLICATION

(Must be 15 years of age to apply for a Peddlers Permit)

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ DUPLICATE/REPLACEMENT Fee ($2.00) ☐ NEW APPLICANT ☐ PERMIT RENEWAL

Applicant First & Last Name: _____

Address: _____
P.O. Box City State Zip

Date of Birth / DOB: _____ Hopi Enrolled Applicants: _____ _____
Enrollment Number Village Affiliation

Contact Information:

_____ _____ _____
Cell/Telephone Number Message Phone Number Email Address

Vehicle Information: :(WOOD VENDORS)

_____
Color Make & Model License Plate Number State

Please check items to be sold: Arts & Crafts ___ Food ___ Yard Sale Items ___ Wood___ Coal ____

Novelty _____ Produce _____ Game Booths _____ Pinons _____ Blankets _____ Concession items _____

(Please Note: FEDERAL LAWS PROHIBIT Pirated DVD/CD's)

THIS PERMIT MUST BE DISPLAYED AT ALL TIMES WHILE ENGAGING IN PEDDLING ACTIVITY. ONLY VEND IN DESIGNATED AREA OR PERMISSIBLE LOCATIONS.

I hereby agree to abide by the laws of the Hopi Tribe, and all policies that pertain to peddling activities. I agree not to engage in any peddling activities until I have obtained a peddler permit signed by the Chief Revenue Officer or his/her designee. I understand that peddling 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 peddler permit, and other penalties under the provisions of the Hopi Tribe's Laws, and Policies of the Hopi Tribe.

_____ _____
Signature Date

THIS APPLICATION IS NULL AND VOID WITHOUT A SIGNATURE

MH 1/20/2017

OFFICE USE ONLY		
Appproved By:	_____ Signature	12/31/2019 Expiration Date
Comments:	_____	