



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

Non-Hopi 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 choose one of the following

NEW BUSINESS APPLICANT

LICENSE RENEWAL

PREVIOUS BUSINESS LICENSE #: _____

Business Name: _____

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

MAILING ADDRESS: DIFFERENT FROM PHYSICAL ADDRESS) PHYSICAL 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

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 paper).

CONTACT PERSON: _____ **TITLE:** _____

PHONE #: _____ **EMAIL ADDRESS:** _____

REQUIRED

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

Has a contract been awarded for this work? YES NO **Contract Amount:** _____

** Please attach a copy of the signed contract/agreements/P.O.'s, Etc. **

Date of project: Start: _____ End: _____

Awarding agency, Contracting/Tribal program your company will be providing services: _____

Please 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

Failure to complete the Gross Revenue Report will result in denial of application. The fee is based on gross revenue obtained on the Hopi Reservation the previous Business License year. **NEW** applicants shall pay the lowest fee.

GROSS REVENUE REPORT

JAN	-	MAR	2016	\$ _____
APR	-	JUN	2016	\$ _____
JUL	-	SEP	2016	\$ _____
OCT	-	DEC	2016	\$ _____
TOTAL:				\$ _____

***FEE IS SUBJECT TO CHANGE**

Gross Revenue	FEE
\$0.00 - \$99,999.00	\$200.00
\$100,000.00 - \$399,999.00	\$300.00

Gross Revenue	FEE
\$400,000 - \$649,999.00	\$400.00
\$650,000 - higher	\$500.00

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

- 1 Evidence of general liability insurance naming the Hopi Tribe as certificate holder must be submitted.**
- 2 Food Service Establishments - A copy of a valid Sanitation Permit issued by the Hopi Tribe.**

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

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