



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

2017 NON-HOPI TOUR LICENSE APPLICATION

(Must be 18 years old to apply for a Tour License)

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

New Applicant License Renewal Duplicate/Replacement (\$20.00)

DBA/Company Name: _____

Federal Employee Identification Number or SSN Number: _____

Contact Person: _____

Address: _____ City: _____ State _____ Zip Code: _____

Telephone #: _____ Cell Phone # _____ FAX #: _____

E-Mail Address: _____

Ownership Information:

Partnership Sole Proprietor Corporation

Name of Owner(s): _____

Type of Transportation for providing Tourism services: Bus Van Rental

Color _____ Make & Model _____ License Plate Number _____ State _____

Color _____ Make & Model _____ License Plate Number _____ State _____

Provide information for all vehicles conducting Tours on the Hopi reservation:

List Driver (s) Copy of AZ Driver's License

Other information: Evidence of Certificate of Liability Insurance (Hopi Tribe as Certificate Holder)

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 any tours until I have obtained a Tour 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.

 APPLICANTS SIGNATURE

 DATE