THE HOPI TRIBE
OFFICE OF REVENUE COMMISSION
P.O. BOX 123
KYKOTSMOVI, ARIZONA 86039
Phone: 928-734-3172 Fax: 928-734-3179

2016

DATE STAMP

NHP 016 -

NON-HOPI PEDDLER'S PERMIT APPLICATION

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

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ **NEW APPLICANT** ☐ **PERMIT RENEWAL**

Applicant First & Last Name: _____

Address: _____
P.O. Box / Street Address City State Zip

Date of Birth / DOB: _____ _____
Tribal Affilation (If Applicable)

Contact Information:

_____ _____ _____
Telephone Number Message or Cell 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Has your Peddler's Permit ever been revoked or suspended?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 inquiring about items that are 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 Required Date

OFFICE USE ONLY

Fee: 1 day - $10.00 1 Month - $20.00 1 Year - $200.00

Date: _____ Fee Paid: $ _____ Receipt or T.R. #: _____

Permit No. Issued: **NHP016 -** _____ Daily:___ Monthly: ___ Yearly:___ _____ / /2016
Expiration Date

Appproved By: _____ Approval Date: _____
Signature

Comments: _____

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