



OFFICE OF REVENUE COMMISSION

P.O. BOX 123/ 1 MAIN STREET

KYKOTSMOVI, ARIZONA 86039

PHONE: (928) 734- 3172 • FAX: (928) 734-3179

BL#- [ ]

HOPI BUSINESS LICENSE APPLICATION

PLEASE CHECK ONE OF THE BOXES THAT APPLY:

NEW LICENSE APPLICANT

LICENSE RENEWAL

Business Name: \_\_\_\_\_

PLEASE ADVERTISE AND OPERATE WITH THE NAME YOUR COMPANY WILL CONDUCT BUSINESS AS.

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

P.O. BOX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

OWNERSHIP INFORMATION: PLEASE CHECK ONE OF THE FOLLOWING

SOLE PROPRIETOR

PARTNERSHIP

LLC

\*OTHER

\*If OTHER, please provide explanation: \_\_\_\_\_

Name(s) of Owner(s) OR Entity Name: \_\_\_\_\_

Clearly print name of partner(s) names if in a partnership

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Privately Hopi Owned Business License Applicants: Please complete the following

What percentage (%) of business is owned by an enrolled member of the Hopi Tribe: \_\_\_\_\_

Hopi Owner(s) Enrollment Card Number: \_\_\_\_\_

Businesses wholly owned/operated by a Village or organization of the Hopi Tribe DO NOT need to complete this section.

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

If you plan on leasing a fixed location for your business, please provide a copy of a lease/rental agreement or any other document which entitles your business to occupy the space/area from which your business will operate from. A separate applicaton packet and lease/rental information must be submitted for each separate location.

Please ensure you have submitted the following with your completed 2018 application:

- 1). Food Service Establishments - A copy of a valid Sanitation Permit issued by the Hopi Tribe.

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**Hopi Business License Fee: EXEMPT**

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I, hereby authorize the Office of Revenue Commission to release my business information to any person inquiring about business related activity ONLY:       yes                       no

\*Please note: The Commission will provide general contact information only, but will **not** refer any business to anyone.

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 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, and other penalties under the provisions of the Hopi Tribe's Laws, and Policies.

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Applicant Signature

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Date

**FOR OFFICE USE ONLY**

ORC Approval Signature & Date: \_\_\_\_\_

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

REVISED 11/1/2017