



OFFICE OF REVENUE COMMISSION
 P.O. BOX 123/ 1 MAIN STREET
 KYKOTSMOVI, ARIZONA 86039
 PHONE: (928) 734-3172

LICENSE NO. _____

OFFICE USE ONLY

TOUR LICENSE APPLICATION

(Please type or print legibly and MUST be 18 years of age to apply)

___ NEW APPLICANT

___ LICENSE RENEWAL

NAME OF TOUR COMPANY: _____
NAME OF COMPANY TO BE DISPLAYED ON THE LICENSE CERTIFICATE

NAME OF TOUR GUIDE: _____
FIRST MIDDLE/M.I. LAST

HOPI TRIBAL MEMBER'S ONLY

DATE OF BIRTH/DOB: _____ ENROLLMENT #: _____

MAILING ADDRESS: _____
P.O. BOX/STREET CITY STATE ZIP

TELEPHONE #: _____ CELL #: _____ EMAIL: _____

OWNERSHIP INFORMATION:

___ PARTNERSHIP ___ SOLE PROPRIETOR ___ CORPORATION ___ STEP-ON GUIDE ___ OTHER

*If OTHER (please explain): _____

OWNER(S) NAME: _____

MAILING ADDRESS: _____
P.O. BOX/STREET CITY STATE ZIP

TELEPHONE #: _____ CELL#: _____ EMAIL: _____

INFORMATION OF VEHICLES CONDUCTING TOURS: ___POV ___BUS ___VAN ___RENTAL

VEHICLE MAKE & MODEL _____ VEHICLE COLOR _____ LICENSE PLATE NUMBER _____ STATE/ _____

VEHICLE MAKE & MODEL _____ VEHICLE COLOR _____ LICENSE PLATE NUMBER _____ STATE/ _____

NAME OF DRIVER(S): 1. _____ DL#: _____ EXP: _____

2. _____ DL#: _____ EXP: _____

OTHER INFORMATION:

___ CERTIFICATE OF LIABILITY INSURANCE (HOPI TRIBE AS CERTIFICATE HOLDER)

LICENSE FEE

ANNUAL FEE	\$1000.00
HOPI TRIBAL MEMBERS	EXEMPT

I hereby agree to abide by the Laws and Regulations set forth by the Hopi Tribe's "Ordinance No. 17", to not engage in any Tours until a License has been obtained from the Office of Revenue Commission (ORC). I hereby certify that the information provided in the application and other supporting documents submitted are true and correct to the best of my knowledge. Any false or misleading information may lead to legal action within the Hopi Tribe Justice Courts; to include revocation of any licenses/permits obtained.

 SIGNATURE

 DATE