



OFFICE OF REVENUE COMMISSION
 PHONE: (928) 734-3171 OR (928) 734-3172
 WEBSITE: www.hopi-nsn.gov

OFFICE USE ONLY

LICENSE NO. _____
 NEW RENEWAL

LICENSE APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

BUSINESS APPLICANT: CORPORATION LLC SOLE PROPRIETOR 501©3 OTHER: _____
BUSINESS NAME: _____ **CONTACT:** _____
MAILING ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____
PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

- **SERVICE:** _____ **SERVICE DATE (M/D/YR):** START _____ END _____
- **DOCUMENTS:** CLI (HOPI TRIBE AS HOLDER) VEHICLE USE POLICY (NEMT'S) 501©3 VERIFICATION
- **REQUIREMENTS:** HOPI APPLICANT - **ENROLLMENT NO:** _____ **DATE OF BIRTH:** _____
 HOPI TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO) – COMPLIANCE PROCESS (928) 734-3161 OR 3162
- **FEE (GROSS REVENUE/CONTRACT \$):** \$400.00 (\$0-\$99,999) \$500.00 (\$100,000-\$399,999) \$600.00 (\$400,000-\$699,999)
 \$700.00 (\$700,000-HIGHER) \$10.00 (REPLACEMENT LICENSE)

CONSTRUCTION APPLICANT: ARCHITECTURAL/ENGINEER GENERAL CONTRACTOR SUB-CONTRACTOR
COMPANY NAME: _____ **CONTACT:** _____
MAILING ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____
PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

- **PROJECT:** _____ **LOCATION:** _____
- **SERVICE:** _____ **SERVICE DATE (M/D/YR):** START _____ END _____
- **PROJECTS AWARDED AGENCY:** _____ **AWARDED AMOUNT (\$):** _____
- **SUB-CONTRACTOR (GENERAL CONTRACTOR):** _____ **CONTRACT AMOUNT (\$):** _____
- **DOCUMENTS:** CLI (HOPI TRIBE AS HOLDER) CONTRACT (ALL SIGNATURES) NOTICE TO PROCEED CHANGE ORDERS
 AMENDMENTS/MODIFICATIONS INVOICE PURCHASE/WORK ORDERS
- **REQUIREMENTS:** HOPI APPLICANT - **ENROLLMENT NO:** _____ **DATE OF BIRTH:** _____
 HOPI TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO) – COMPLIANCE PROCESS (928) 734-3161 OR 3162
- **FEE (PER CONTRACT AMOUNT):** \$400.00 (\$0-\$99,999) \$500.00 (\$100,000-\$399,999) \$600.00 (\$400,000-\$699,999)
 \$700.00 (\$700,000-HIGHER) \$10.00 (REPLACEMENT LICENSE)

I HEREBY AUTHORIZE REVENUE COMMISSION TO LIST GENERAL CONTACT INFORMATION (REQUIRED): YES NO

DOCUMENT SUBMISSIONS:

- **EMAIL:** KIANNA SOOHAFYAH, DEPUTY REVENUE COMMISSIONER KSoohafyah@hopi.nsn.us
 GAYVER PUHUYESVA, CHIEF REVENUE OFFICER GPuhuyesva@hopi.nsn.us
- **USPS:** THE HOPI TRIBE, OFFICE OF REVENUE COMMISSION
 P.O. BOX 123
 KYKOTSMOVI, AZ 86039

PAYMENT: CASH CASHIER'S CHECK MONEY ORDER V/MC (CALL HOPI TRIBAL TREASURERS AT (928) 734-3122 OR 3124)
 OFFICE HOURS: MONDAY-FRIDAY (9:00 AM – 3:00 PM)

I HEREBY AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH BY THE HOPI TRIBE'S "ORDINANCE 17", TO NOT ENGAGE IN ANY BUSINESS/CONSTRUCTION PROJECT(S) UNTIL A LICENSE HAS BEEN OBTAINED FROM THE OFFICE OF REVENUE COMMISSION (ORC). THAT ALL PROSPECTIVE BUSINESS PARTNERS AND AFFILIATES, MUST ALSO OBTAIN LICENSES PRIOR TO ENGAGING IN BUSINESS OPERATIONS WITHIN THE JURISDICTION OF THE HOPI TRIBE. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THE APPLICATION AND SUPPORTING DOCUMENTS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE, MISLEADING INFORMATION, OR ANY FORM OF MISCONDUCT MAY LEAD TO LEGAL ACTION WITHIN THE HOPI TRIBE JUSTICE COURTS, TO INCLUDE TERMINATION OF PRIVILEGES AND LICENSE(S) OBTAINED.

SIGNATURE: _____ **DATE:** _____