



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

OFFICE USE ONLY

LICENSE NO. _____
 NEW RENEWAL

TOUR LICENSE APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

APPLICANT INFORMATION: CORPORATION LLC SOLE PROPRIETOR STEP-ON OTHER: _____

COMPANY NAME: _____ NAME OF GUIDE: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ EMAIL: _____

VEHICLE INFORMATION: POV BUS VAN RENTAL OTHER: _____

➤ **VEHICLE:** MAKE: _____ MODEL: _____ COLOR: _____ PLATE NO: _____ ST: _____
 MAKE: _____ MODEL: _____ COLOR: _____ PLATE NO: _____ ST: _____

➤ **DOCUMENTS (COPIES):** INSURANCE COVERAGE: EXPIRATION DATE (M/D/YR): _____ DRIVERS LICENSE OR ID

➤ **REQUIREMENTS:** HOPI APPLICANT: **ENROLLMENT NO.** _____ **DATE OF BIRTH:** _____
 HOPI TRIBE – CULTURAL PRESERVATION OFFICE (CPO) – SITE VISITATION PERMIT (928) 734-3614

➤ **FEE:** \$1,000 (ONE YEAR) \$10.00 (REPLACEMENT LICENSE) \$5.00 (REPLACEMENT CARD)

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

DOCUMENT SUBMISSIONS:

➤ **EMAIL:** KIANNA SOOHAFYAH, DEPUTY REVENUE COMMISSIONER
 GAYVER PUHUYESVA, CHIEF REVENUE OFFICER

KSoohafyah@hopi.nsn.us
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 TOURS UNTIL A LICENSE HAS BEEN OBTAINED FROM THE OFFICE OF REVENUE COMMISSION (ORC). 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: _____