



The Tulalip Tribes of Washington
 Community Development Department
 TAX & LICENSING DIVISION
 6406 Marine DR NW
 Tulalip, WA 98271
 Telephone: (360) 716-4204

STAND NUMBER		FOR OFFICIAL USE ONLY	
		BC 2014	
LICENSEE NAME(S)			
Tribal ID(s)	Marriage Cert	Asst. Forms & IDs	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETAIL FIREWORKS STAND APPLICATION

PLEASE USE DARK INK. IF ANY ITEM IS NOT APPLICABLE OR NO INFORMATION IS AVAILABLE, INDICATE BY MARKING WITH "N/A" OR STRIKE THROUGH. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.

A PAYMENT SUMMARY

Enclose payment for total amount due, including application and applicable penalty fees. Accepted forms of payment are cash, check, and money order made payable to The Tulalip Tribes / TLD . License fees are not pro-rated and are nonrefundable.	APPLICATION FEE	\$ 35.00
	TOTAL AMOUNT DUE	\$

B OWNERSHIP – INDIVIDUAL OR PARTNERS TO BE LICENSED

Please choose one:	Licensee Name (Last, First, Middle)	D.O.B. / /	Enrollment Number T#
<input type="checkbox"/> INDIVIDUAL	Home Address (Street or Route, PO BOX)	Home Telephone # () -	
<input type="checkbox"/> PARTNERSHIP	City State, Zip	Day Telephone # () -	
Stand Number: # _____	Partner Name (Last, First, Middle)	D.O.B. / /	Enrollment Number T#
Stand Name: _____	Home Address (Street or Route, PO BOX)	Home Telephone # () -	
_____	City State, Zip	Day Telephone # () -	

C STAND ASSISTANTS

Number of Stand Assistants _____

Title 10, SECTION 10.25.140– (1)(a) Any adult Tulalip Tribal member. (b) A licensee's spouse. For purposes of this code, a "spouse" means a person who is married to another under the law, but does not include a person who is living separate and apart from his or her spouse and who has filed, in an appropriate court, a petition for legal separation or dissolution of marriage. (c) A parent or step-parent of the licensee, providing that the licensee's parent or step-parent has not remarried. (d) A person over the age of 16 years of age who is a child, step-child, or adopted child of a Tulalip Tribal member licensee, and who is supervised by this same licensee. A step-child is no longer a step-child if the licensee is remarried or deceased.

Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Spouse <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Spouse <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Child of <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Child of <input type="checkbox"/>

STAND ASSISTANTS - MINOR(s) *MUST BE 16 YEARS OF AGE

Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Other <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Other <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Other <input type="checkbox"/>
Assistant Name (Last, First, Middle)	D.O.B. / /	ID#	Tribal <input type="checkbox"/> Other <input type="checkbox"/>

D SIGNATURE REQUIRED *BOTH PARTNERS MUST SIGN

Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY AND/OR REVOCATION OF ANY LICENSE GRANTED, THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN AND/OR ATTACHED, AND THE INFORMATION PROVIDED BY ME AND MY PARTNER IS TRUE AND CORRECT. I SWEAR OR AFFIRM TO COMPLY WITH ALL TRIBAL LAWS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Licensee Signature	Date
Partner Signature	Date