

The Tulalip Tribes of Washington Communityy Development Department TAX & LICENSING DIVISION 6406 Marine DR NW

Tulalip, **WA** 98271 Telephone: (360) 716-4204

OFFICIAL USE ONLY			
LIC NUMBER	FOOD LIC NUMBER		APPLICABLE YEAR
CHECK / MONEY ORD	ER# RECEIPT N		NUMBER

## APPLICATION FOR SPECIAL EVENT / VENDOR LICENSE

Please type or print in dark ink

BLANK SPACES ARE NOT PERMITTED. IF ANY ITEM IS NOT APPLICABLE, OR NO INFORMATION IS AVAILABLE, THE SPACE MUST BE MARKED TO INDICATE THAT. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.

A PAYMENT SUM	MARY - Applications received without p	ayment in full will no	t be accepted.	FEE	
Enclose payment for total amount due, including application and applicable penalty fees. Accepted		APPLICATION F	EE \$ 10.00		
forms of payment are cash, check, and money order made payable to <b>The Tulalip Tribes / TLD</b> . License fees are not pro-rated and are nonrefundable.			TOTAL AMOUNT I	PAID \$	
B BUSINESS STRU	CTURE				
STATUS OF ORGANIZATION AND TYPE OF ENTITY	SOLE PROPRIETOR INDIVIDUAL - No employees DOMESTIC CORPORATION FOREIGN CORPORATION PARTNERSHIP LIMITED LIABILITY PART LIMITED LIABILITY COMPANY COMMERCIAL FUNDRAISER OTHER				
Partnership, Corporate Officers, Managers and/or Members information	Is business classified as a Nonprofit or Charitable Organization for educational, religious, or charitable purpose (ex: (C) (3) non-profit status or equivalent)?  YES NO If Yes, attach proof of status (Statement from IRS or Secretary of State or equivalent)  CHARITABLE ORGANIZATION CHARITABLE TRUST NOT FOR PROFIT CORPORATION  EDUCATIONAL ORGANIZATION RELIGIOUS ORGANIZATION				
C BUSINESS / VEN	DOR INFORMATION – GENERAL	L			
Does business maintain an office or store located within the exterior boundaries of the Tulalip	tore located within the		Website: WWW.		
Reservation?  YES NO Is business located at a private	City	State	Zip	County	
resident (i.e. home office)?  YES NO  Indicate if business is Full	( ) -	Free Number	FAX Number		
or Part Time: Part Full  Describe in detail the nature of busing	Owner Name(s)  ness, principle products sold, and services provided on t	he Tulalin Reservation Indi	cate if sales are retail or wholes	sale and if products are manufactured on th	
reservation:  Estimated Gross Annual Income for	services provided on the Tulalip Indian	this an Indian Owned Busin	ess? YES NO If Y	'es; Percentage Indian Owned: %	
Reservation for current year: \$ Do your business dealings and trans If Yes, please explain:		ibal Enrollment#	Name of Federally Recognized	- ·	
<b>D</b> EVENT INFORM	IATION				
Total number of days vendor will work event:	Event Name		Event Host or Sponsor Name	e(s)	
ALL	Special Events Location (Street or Route, City, State,	Zip – Tulalip Location Only			
If other, specify dates:	Special Event Schedule- If dates of event are not consecutive please provide additional event schedule details in the space provided below (ex: Every Tuesday and Friday during the month of April; 9 Total Days)				
	BEGIN / END DATES: to	OPEN / (	CLOSE TIMES: to	D # DAYS TOTAL:	
Dejective describe the town and	o of Casaid Front				
Briefly describe the type and purpos	e of Special Event:				
List any individuals other than busin	ness owner that are employed to assist you/ your business	ss for this event:			

MISCELANEOUS							
AFFILIATE(S), WA State Uni LICENSES, ETC. (WA UBI #)	fied Business Identification Number	Federal Employer I.D. Number (FEIN)	North American Industry Classification System Number (NAICS)				
Reseller's Per	mit Number	Indian Traders License Number					
Is this a Nonp If Yes, attach	Is this a Nonprofit Organization for educational, religious, or charitable purpose? YES NO If Yes, attach statement from Internal Revenue Service- (C) (3) non-profit status or equivalent						
		iates. Indicate business name, license number, busines	s type, and owner(s):				
If Yes, Gaming (Vendor) License # *If ye	es, attach copy of Quil Ceda Village S						
, , , , , ,	· — —	NO If yes, please explain affiliation (business related to the second se	ionship) – attach additional sheet if necessary:				
ALCOHOL / LIQUOR AND TOBACCO (Title 10 #10.35 & Title 12 #12.10)  Do your business operations include manufacturing, distribution, and/or sale of alcohol or tobacco products? YES NO If yes, attach copies of document(s)  FOOD AND BEVERAGE (Title 11 #11.20)  Does your business prepare food and/or beverage goods for customer consumption?  YES NO If yes, attach copies of document(s)							
TULALIP TRIBAL EMPLOYMENT RIGHTS ORGANIZATION  Does business have a Tulalip TERO Compliance Contract?  YES  NO If No, do intend to enter into a Tulalip TERO Compliance Contract?  YES  NO  Is Business listed on the Tulalip TERO Native Owned Business Registry?  YES  NO							
DDITIONAL INFORMATI	ON						
TERO COMPLIANCE PLAN  Tulalip TERO Title 9 #9.05: TERO is the Equal Employment Opportunity Commission Representative (EEOC) on the Tulalip reservation. Tulalip TERO laws and ordinances enforce specific requirements upon businesses, contractors, and subcontractors doing business within the exterior boundaries of the Tulalip Reservation including regulating their employment practices and obligating them to provide preference in recruiting, hiring, training and promotions to certified Native Americans.							
Owned Businesses operating or provi Tulalip Tribes Liquor License Title Tulalip Fireworks Code Title 10 #10 is restricted to enrolled members of the	ding services which includes a 10 #10.35 and Tulalip Liqu 0.25: WHOLESALE AND RI are Tulalip Tribes of WA; sale tion Title 11 #11.20: PERMING depermit, and/or food handler		Reservation. REQUIRED f retail fireworks in Tulalip				
INDIAN TRADERS LICENSE For information pertaining to Indian 7 2707 Colby Avenue, Suite 1101, Even		/ contact the Bureau of Indian Affairs, Pug 2651	get Sound Agency at:				
SUPPLEMENTARY DOCUMENT REQUIREMENTS  The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, other licensure (local, state, county, etc.), vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 10 #10.10							
INCOMPLETE AND ILLEGIBLE FORMS WILL NOT BE ACCEPTED / PROCESSED  Incomplete and/or illegible applications and/or failure to remit fee or required supplemental documents are not accepted and may result in penalty fees.							
SIGNATURE REQUIRED (Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s))  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 DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS 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.							
Signature X	Printed Name	Title	Date				
Signature X	Printed Name	Title	Date				
Application prepared by (Indicate if prepared by other than authorized owner, officer, manager, or member)  Telephone Number							
member)	her than authorized owner, officer, ma	mager, or Telephone Number					