



## INSTRUCTIONS FOR COMPLETING TULALIP TRANSIENT ACCOMMODATION LICENSE PACKET

Application begins on page 4

This packet contains information regarding the legal requirements of operating your business in accordance with Tulalip Transient Accommodation Licensing Title 10 #10.40. It is very important that you familiarize yourself with this information. If you have questions or need any clarification please contact the Tax & Licensing Division at 360.716.4204 Monday - Friday between 8AM and 4:30PM or go online to [www.TulalipTribes-nsn.gov](http://www.TulalipTribes-nsn.gov), click on "Departments", followed by "Community Development".

### **APPLICATION REQUIREMENTS**

**Before submitting the application, please complete / provide proof of the following requirements:**

- Tulalip Business License** – Required for all businesses/persons providing services within the exterior boundaries of the Tulalip Reservation.
- Tulalip Food Permit, Cigarette, and Liquor Licenses (if applicable)** – Contact the TLD at 360.716.4204 for an application and additional inspection information
- Federal Indian Trader's License provided by the Bureau of Indian Affairs**
- Written Emergency Preparedness Plan (EPP)** – Emergency response training must be conducted and documented at least once annually and included with your (EPP).
- Documentation of sewage and liquid waste compliance**– The On-Site Sewage treatment / sewage disposal system is designed, constructed, and maintained in compliance with Tulalip Utilities Authority and/or the requirements of the Quil Ceda Village Utility Department under 13.01.1 Article V or other applicable tribal law.
- TA Self-Inspection Sheet** – Self-Inspections must be completed by the applicant upon initial application for license and annually upon license renewal. Any omissions will result in the application packet being returned and a delay in the issuance of the license.
- List of Employees** – List identifying all TA managers, supervisors, and employees that provide regulated personal services (ex. Massage) or assist in the preparation or service of food and/or alcohol.
- Appropriate Fees** – If you are unsure of the fee, please contact the TLD at 360.716.4204 for the correct license fee amount. Please make your check or money order for your fees made payable to the Tulalip Tribes. Cash payments can be made to the Division in person using exact change.
- Establishments owned or operated by partnerships, corporations:** Attach a separate sheet listing the name, address, and social security number of each person owning 10% or more of stocks or equity interest in the licensed activity, and the name, address, and social security numbers of each officer, member, or other person authorized to directly or indirectly control the operations the licensed entity.

Submit completed the application(s) and supporting documents listed above, with the appropriate fees to:

**Tulalip Tribes Community Development  
Tax & Licensing Division  
6406 Marine Drive NW  
Tulalip, WA 98271**

*Reminder: An incomplete application packet will result in the application being delayed or denied. Please allow up to 30 days for processing after mailing.*



## Tulalip Tribes Tax & Licensing Division

6406 Marine Drive NW - Tulalip, WA 98271

### **INSTRUCTIONS FOR TA LICENSE APPLICATION:**

#### **SECTION 1 – License Type**

Indicate type of application – new, change of ownership, or other and type of transient accommodation for which you are applying for license.

- New/ Renew:** Initial application for transient accommodation license or annual license renewal.
- Change of Ownership** – Legal owner/ operator change resulting from sale or transfer.
- Other** – Example, change in number lodging units or the name of the transient accommodation.
- Business Structure:** Check the appropriate box indicating business structure type. For establishments owned or operated by partnerships, corporations, or cooperatives, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity. Also include the name, address, and social security numbers of each officer, member, manager, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.

#### **SECTION 1a – Demographic Information:**

Complete this section only in the event of change in ownership. Check appropriate box to indicate section does not apply.

- Name of Previous Legal Owner/ Operator:** Enter the previous owner's name.
- Name of Previous Establishment:** Enter the previously licensed establishment's name.
- Business mailing address:** Updated address for former establishment owner.
- Previous License Number:** TA License # issued to previous establishment.
- Effective Date of Ownership Change:** Date the change in ownership is official and in effect.
- Check here if section does not apply:** Mark the box if a change/transfer in ownership does not apply.

#### **SECTION 2 – Demographic Information:**

- Legal Owner/Operator Name:** individual person or organization that currently owns the establishment
- Establishment Name:** Enter the establishment's name as advertised on signs, brochures, or website.
- Physical Address:** Enter the physical street location within the Tulalip Reservation.
- Phone and Fax Numbers:** Enter the phone and fax number at physical location.
- Website and Email Address:** Enter the agency Website address and owner or contact email address.
- Business Mailing Address:** Enter mailing address, if different from physical address. TLD uses the address provided when mailing all correspondence.
- Department / Contact Name:** (Optional) Provide routing name if correspondence should be mailed to a specific person or department other than the owner.
- Uniform Business Identifier Number (UBI #):** All Washington State businesses must have UBI #'s. City, county, state, and other government departments also have UBI#'s.
- Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

### **SECTION 3 – Licensing and Permitting**

Answer yes or no to each question and provide description where required. Remember that an incomplete application will result in delay and return of application, and in some cases, citation for noncompliance.

### **SECTION 4 – Establishment Information**

List the number of lodging units (rooms, suites), rental spaces (conference, meeting areas), number of employees, and average guest occupancy. Provide a description of the amenities available at your establishment, such as pool, spa, exercise equipment, etc.

- Franchise:** Indicate if the proposed establishment is part of a franchise chain, unique identifier (ex: Hilton #302 or Marriott At The Bay), and date of franchise inspection.

### **SECTION 5 – Additional Information**

Answer yes or no to each question. Provide current and previous year's gross annual income for transient accommodation establishment at Tulalip location only. Do not include franchise information in description of business affiliates- franchises are addressed in Section 5. Describe any long-term commercial leasing agreements of property located on the hotel premises wherein you are the lessor. Indicate if your business owns or has a shared interest in any affiliates or lessees described in this section.

- Tribal owned business:** Tribal owned businesses must be a minimum of 51% owned by a federally recognized tribe or tribal member(s).

### **SECTION 6 – Signature Required**

Applicant signature as described in this section is required and attests to the accuracy of the information provided on your application whether prepared by you or another party. Please sign, date, print name, and title on applications and self-inspections. Applications prepared by an individual not authorized by law to make decisions on behalf of a company must mark the check box and provide their name, title, telephone number, and sign and date.

#### **REMINDERS:**

**An incomplete application will result in the application being delayed or denied.**

**Allow up to 15 days for processing after mailing.**

**After we receive and process the application documents and fees, we will contact you to schedule an opening inspection. If you have not heard from us within 30 days, or you have an urgent need to open your establishment sooner, please contact the TLD office at 360.716.4204 a few days before your opening date to schedule an inspection.**

**Satisfactory inspection is required for all public transient accommodation establishment licensees except ownership transfers that previously had a satisfactory inspection within the past 120 days.**



**The Tulalip Tribes of Washington – Public Works  
Community Development Department  
TAX & LICENSING DIVISION**

6406 Marine DR NW  
Tulalip, WA 98271  
Telephone: (360) 716-4211  
Fax: (360) 716- 0180

License fee is based on the number of lodging units: 3 to 10 - \$165.00 11 to 49 - \$330.00 50 units or over - \$660.00
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Please direct questions about this application to the Tax & Licensing Division at 360.716.4216 or online at [www.tulaliptribes-nsn.gov](http://www.tulaliptribes-nsn.gov)

<b>TRANSIENT ACCOMMODATION LICENSE APPLICATION</b>		
<b>SECTION 1 – LICENSE TYPE</b>		
Please check the box that best describes the license type.		
<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Change of Ownership <span style="float: right;"><input type="checkbox"/> Other _____</span>
<input type="checkbox"/> Hotel	<input type="checkbox"/> Resort	<input type="checkbox"/> Bed & Breakfast <span style="float: right;"><input type="checkbox"/> Seasonal/ Vacation Units</span>
<input type="checkbox"/> Motel	<input type="checkbox"/> Hostel	<input type="checkbox"/> Inn <span style="float: right;"><input type="checkbox"/> Other Lodging: _____</span>
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> INDIVIDUAL - <i>No employees</i>	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> DOMESTIC CORPORATION	<input type="checkbox"/> FOREIGN CORPORATION	<input type="checkbox"/> OTHER _____
<b>SECTION 1a – CHANGE OF OWNERSHIP</b>		
Name of Previous Legal Owner/ Operator		Name of Previous Establishment
Business Mailing Address		
Previous License #	Effective Date of Ownership Change	Check here if Section does not apply <input type="checkbox"/>
<b>SECTION 2 – DEMOGRAPHIC INFORMATION</b>		
Legal Owner/ Operator Name		Establishment Name ( <i>Business name as advertised</i> )
Business Address ( Physical/ Tulalip Location )		
Business Telephone Number (    ) -    -    -	FAX Number (    ) -    -    -	Website www.    .    .
Business Mailing Address (If Different From Above)		
Department / Contact Name		Email Address
Uniform Business Identifier Number (UBI) #		Federal Tax ID (FEIN) #
<b>SECTION 3 – LICENSING AND PERMITTING</b>		
Do operations include sales of alcohol or tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach copies of license(s) and employee alcohol server permits, if applicable</i> If yes, describe: _____ _____		
Do operations include preparation food/beverage items for guest consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach recent health inspection report and/or food service certificate and employee food worker permits</i> If yes, describe: _____ _____		
Is establishment in the process of new construction, remodel, expansions, or other related activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ _____ _____		

**SECTION 4 – ESTABLISHMENT INFORMATION**

Is hotel part of a franchise chain?  Yes  No If yes, indicate unique identifier name or # \_\_\_\_\_

Date of last franchise inspection: \_\_\_\_\_ Attach copy franchised inspection report

Total number of lodging units: \_\_\_\_\_ Total number of rental spaces: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Average hotel guest occupancy: \_\_\_\_\_

List all amenities offered at your establishment to transient guests and other patrons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 - ADDITIONAL INFORMATION**

Is this a Tribal owned business?  
 Yes  No  
If yes, attach proof

Percentage Indian Owned: \_\_\_\_\_ % Tribal Enrollment # \_\_\_\_\_ Name of Federally Recognized Tribe: \_\_\_\_\_

Gross Annual Income for previous year (Jan 1–Dec 31):  
\$ \_\_\_\_\_

Estimate Gross Annual Income for current year:  
\$ \_\_\_\_\_

Is business affiliated with any other business(es), including subsidiaries?  Yes  No If yes, please explain affiliation (business relationship) – attach additional sheets if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does establishment commercially lease any adjacent space or building on a basis to other businesses?  Yes  No  
If yes, provide name of business(es) and the type of services offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own and/or have shares in any of the businesses listed in this section?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6 – SIGNATURE REQUIRED**

Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws. The applicant shall sign each application for a license or renewal of a license issued by the Tulalip Tribes Tax & Licensing Division under oath or affirmation without the need for witnesses unless otherwise required by law. Applications completed by persons other than those listed above must also include the name, title, and signature of that individual.

**BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:**  
*I certify that I have received, read, understand, and agree to comply with the Tulalip Tribes Transient Accommodation Ordinance 135 regulating this licensing category 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. I swear and affirm that I have examined the information contained herein, and to the best of my knowledge and belief, it is true and correct.*

Signature of Authorized Representative X	Printed Name and Title	Date
Signature of Authorized Representative X	Printed Name and Title	Date
Check here if prepared by other than authorized individual <input type="checkbox"/>	Signature of Preparer X	Business Telephone Number ( ) -
Printed Name and Title		Date

**Submit completed the application(s) and supporting documents listed above, with the appropriate fees to:**

**Tax & Licensing Division  
6406 Marine DR NW  
Tulalip, WA 98271**

*OFFICIAL USE ONLY*

TAL LIC NUMBER	BUS LIC NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT #