



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

LICENSE NUMBER		BC 2014	
LICENSEE NAME(S)			
ID(s) <input type="checkbox"/>	Cert of Insur <input type="checkbox"/>	Inventory List <input type="checkbox"/>	Other <input type="checkbox"/>

WHOLESALE FIREWORKS 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	\$ 100.00
	TOTAL AMOUNT DUE	\$

B OWNERSHIP – Provide Corporate Officer Information on separate sheet

Please choose one: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER	Licensee/Partner Name (Last, First, Middle)	D.O.B. / /	WA ID #
	Licensee/Partner Name (Last, First, Middle)	D.O.B. / /	WA ID #
	Firm /Business Address (Street or Route, PO BOX)	Business Telephone # () -	
Federal ID #	City, State, Zip	Evening Telephone # () -	
UBI #	Mailing Address (Street or Route, PO BOX)	Website	
	City, State, Zip	DBA / Other Trade Name	

C DESIGNATED AGENT AND ONSITE ASSISTANTS

Designated WA State Agent	D.O.B. / /	WA ID #	Business Telephone # () -
Complete Mailing Address		Email Address	
Assistant Name (Last, First, Middle)	D.O.B. / /	WA ID #	Attach separate list if necessary – include photocopies of IDs with application.
Assistant Name (Last, First, Middle)	D.O.B. / /	WA ID #	
Assistant Name (Last, First, Middle)	D.O.B. / /	WA ID #	
Assistant Name (Last, First, Middle)	D.O.B. / /	WA ID #	

D APPLICANT BACKGROUND - Attach separate sheets for explanations if necessary

Has any member of the company been convicted for tribal, state, or federal fireworks violations within the past 5 years? If yes, explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any member been cited or is presently appealing any civil or criminal fines or penalty? If yes, explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the company hold current all required state and federal licenses? If yes, please provide a copies with application	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has company ever had a fire, accident, and/ or caused damage to another's property as a result of fireworks activity? If yes, explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

E 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

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:
 I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PURJURY 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/Partner Signature	Date
Licensee/Partner Signature	Date