



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4209 - Fax: 360.716.0179
 TLD@TULALIPTRIBES-NSN.GOV

LIC NUMBER S	OTHER LIC NUMBER(s)	MUNIS CID NUMBER
CHECK / MONEY ORDER #		RECEIPT NUMBER

APPLICATION FOR SPECIAL EVENT VENDOR LICENSE

Please type or print in dark ink

**INCOMPLETE AND ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT - see section F on pg 2.
 DO NOT LEAVE BLANK SPACES. ANY SECTION NOT APPLICABLE AND/OR INFORMATION IS
 CURRENTLY UNAVAILABLE, MUST BE MARKED TO INDICATE SUCH.**

A PAYMENT AND FEES

Enclose payment for total amount due, including applicable penalty fees. Accepted forms of payment are cash, check, and money order made payable to The Tulalip Tribes / TLD . Credit/Debit card payments may be made in person to the Tribal Cashier. License fees are not pro-rated and are nonrefundable.	APPLICATION FEE	\$ 10.00
	TOTAL AMOUNT PAID	\$

B BUSINESS STRUCTURE

ORGANIZATION / ENTITY TYPE FOR PROFIT	<input type="checkbox"/> INDIVIDUAL - No employees <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT CORPORATION	<input type="checkbox"/> NOT-FOR-PROFIT FUNDRAISER (ORG) <input type="checkbox"/> OTHER TYPE: _____
NON-PROFIT	Is business classified as a Nonprofit or Charitable Organization for educational, religious, or charitable purpose (ex: (C) (3) non-profit status or equivalent)? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes , attach proof of status (Statement from IRS or Secretary of State or equivalent)		
	<input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> EDUCATIONAL ORGANIZATION	<input type="checkbox"/> CHARITABLE TRUST <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> NOT FOR PROFIT CORPORATION TRIBAL <input type="checkbox"/> APPROVED YOUTH FUNDRAISER

C BUSINESS INFORMATION - GENERAL

Do you maintain a related storefront or office within the exterior boundaries of Tulalip? <input type="checkbox"/> YES <input type="checkbox"/> NO Is event located at a private residence? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this for a seasonal occurrence or singular occasion? <input type="checkbox"/> SEASONAL <input type="checkbox"/> SINGULAR	Applicant Name _____ Business Name (If registered with Tribe or State) _____ Applicant Address (Home or Mailing Address of individual applying for license) _____ Email _____ City _____ State _____ Zip _____ County _____ Applicant Contact Number () _____ Alt Contact Number () - _____ Website: _____ www. _____
List any individuals that will assist you/ your business for this event and it what capacity (role): Name: _____ Name: _____ Name: _____ Name: _____ Role: _____ Role: _____ Role: _____ Role: _____	
Describe the nature of business, products sold, and/or services offered/provided within Tulalip. Indicate if sales are retail or wholesale and if products are manufactured on the reservation: _____ _____	
Estimated Gross Annual Income for business conducted within Tulalip for current year (or actual income from prior year): \$ _____ Is this an Indian Owned Business? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes ; Percentage Indian Owned: _____ % Name of Federally Recognized Tribe and Enrollment #: _____ ATTACH PROOF	
Do your business dealings and transactions include providing care or services (non-retail) children under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain: _____	

D EVENT INFORMATION

<input type="checkbox"/> ALL <input type="checkbox"/> OTHER If other, specify dates: <input type="checkbox"/> TOTAL DAYS REQUEST Request license for total number days in set timeframe rather than specific dates _____ <input type="checkbox"/> NONE OF THESE Does not apply	Special Event Name/Cause _____ Event Host or Sponsor Name(s) _____ Special Events Location (Street or Route, City, State, Zip – Tulalip Location Only) _____ Event Host or Sponsor Phone () - _____ 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). BEGIN / END DATES: _____ to _____ OPEN / CLOSE TIMES: _____ to _____ # DAYS TOTAL: _____ _____ _____
Briefly describe the type and purpose of Special Event: _____ _____ _____	

Please select all that may apply for this event. Use the space below to provide an explanation. Attach additional information as necessary.

<input type="checkbox"/> EXCESSIVE NOISE AND/OR VIBRATION	<input type="checkbox"/> EXCESSIVE LIGHT AND/OR GLARE	<input type="checkbox"/> LARGE CROWD (51+)
<input type="checkbox"/> SMOKE AND/OR AIRORN ASH OR SOOT	<input type="checkbox"/> DISRUPTION TO TRAFFIC FLOW	<input type="checkbox"/> AGE-SENSITIVE ACTIVITIES
<input type="checkbox"/> STRONG ODOR	<input type="checkbox"/> RISK TO SURROUNDING PROPERTY	<input type="checkbox"/> OTHER: _____

E MISCELANEOUS

AFFILIATE(S), LICENSES, ETC.	WA UBI # or Registration #	Federal Employer I.D. Number (FEIN)	North American Industry Classification System Number (NAICS)
	Reseller's Permit Number	Indian Traders License Number	
	Does this business possess a current license issued by the Tulalip Casino/ Gaming or Quil Ceda Village/ Business Park? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Gaming (Vendor) License # _____ (and/or attach a copy of Quil Ceda Village Special Operators License)		

Is business affiliated with any other business(es), including subsidiaries? NO YES If yes, please explain affiliation (business relationship) – attach additional sheet if necessary:

Tulalip licenses held currently and/or previous by applicant, business partners, and/or affiliates. Indicate business name, license number, business type, and owner(s):

ALCOHOL / LIQUOR AND TOBACCO (Title 10.35 & Title 12.10) Do your business operations include manufacturing, distribution, and/or sale of alcohol or tobacco products? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of document(s)	FOOD AND BEVERAGE (Title 11.20) Does your business prepare food and/or beverage goods for customer consumption? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of document(s)
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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
Business listed on the Tulalip TERO Native Owned Business Registry? YES NO

F ADDITIONAL INFORMATION

FOOD & BEVERAGE, LIQUOR, TOBACCO, AND FIREWORKS LICENSE CODES - Additional licenses required
Tulalip Cigarette Tax Title 12.10: LICENSE(S) REQUIRED
Tulalip Liquor License Title 10.35 and Tulalip Liquor Regulations: LICENSE(S) AND INSPECTION REQUIRED
Tulalip Fireworks Code Title 10.25: LICENSE(S) REQUIRED - License to sell retail fireworks in Tulalip is restricted to enrolled members of the Tulalip Tribes of WA; license to sell wholesale fireworks does not have this restriction.
Tulalip Food Service Sanitation Title 11.20*: PERMIT AND INSPECTION REQUIRED - Contact TLD for more info
INSPECTIONS: CONTACT THE TAX & LICENSING DIVISION TO SCHEDULE AT 360.716.4211 AT LEAST TWO BUSINESS DAYS PRIOR TO DESIRED OPENING DATE
**Tribal Owned Businesses located in Tulalip are subject to TTC 12.05 - Sales and Use Tax and TTC 12.25 - Restaurant Privilege Tax*

SUPPLEMENTARY DOCUMENT REQUIREMENTS
The Tax & Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, local, county, state, and federal licensure, vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Tulalip Business License Title 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.

G 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:		Telephone Number () -	
Signature of Preparer X		Title	Date