



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4216 - Fax: 360.716.0180
 TLD@TULALIPTRIBES-NSN.GOV

OFFICIAL USE ONLY

LIC #	OTHER LIC #	APPLICABLE YEAR
CHECK/MONEY ORDER #		RECEIPT NUMBER
I/D RWV REQD: <input type="checkbox"/> N/A <input type="checkbox"/> FWD APP TO:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> WITH CONDITIONS		
<input type="checkbox"/> DENIED CAUSE:		

APPLICATION FOR MASTER LICENSE

INCOMPLETE AND ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT MINUS ANY FEE PAID.
 ALL LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.

A PAYMENT AND FEES

PAYMENTS Applications received without payment in full will not be accepted. Enclose total amount due. Accepted forms of payment are cash, check, and money order made payable to Tulalip TLD. Credit card payment accepted in person only to Cashier window - if renewing, please have license number(s) ready. License fees are not pro-rated and are nonrefundable. **New businesses with physical location in Tulalip:** Contact TLD for preapplication review prior to remitting payment ensure business location is appropriately zoned and other requisites are met

FEES \$50.00 **New Business** Change of Location Change of Ownership Change in Organizational Structure/Business type
 \$25.00 **NEW - Home Business** (Arts and crafts businesses and artists with two or less employees)
 \$15.00 **RENEWAL - NO CHANGES** **WITH CHANGES** (other than location, ownership, structure, or location)
 \$90.00 **NEW - Peddler (1)** \$75.00 **RENEWAL - Peddler (1)**
 \$40.00 Additional background check fee per employee to engage in peddling activity in Tulalip
 \$ 5.00 **NAME CHANGE** **PENALTIES** - type: _____ Amt: \$ _____

B BUSINESS INFORMATION - GENERAL

Legal Business Name		Website: WWW.	
DBA I (Alternate Legal Name, or registered Trade Name) * DO NOT list if name is not registered with WA Secretary of state or equivalent		State/Tribe of registry	
DBA II (Alternate Legal Name, or registered Trade Name) * DO NOT list if name is not registered with WA Secretary of state or equivalent		State/Tribe of registry	
Check all names to appear on license and select order number of appearance: <input type="checkbox"/> Legal Business Name <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> DBA I <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> DBA II <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd			
Business Address (Physical Location to be licensed) <input type="checkbox"/> Mailing and physical address are the same		City	State Zip
Phys Loc Contact Name		Phys Loc Contact Title	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Phone () - () - ()	Alt Phone () - () - ()	Fax () - () - ()	Email Address
Business Mailing Address (If Different From Above)		City	State Zip
Primary Contact Person or Department (If Different From Above)		Primary Contact Title	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Phone () - () - ()	Alt Phone () - () - ()	Fax () - () - ()	Email Address
Registered Agent Name (Corporations and LLCs)		RA Company Name	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Phone () - () - ()	Alt Phone () - () - ()	Fax () - () - ()	Email Address
Agent Mailing Address (Do Not use PO Box)		City	State Zip
Direct license-related queries, correspondence, and other documents to: <input type="checkbox"/> Primary Contact listed above <input type="checkbox"/> Mailing Contact listed above <input type="checkbox"/> Registered Agent <input type="checkbox"/> Other: _____			

C LICENSURE / REGISTERED TRADE NAMES ("DBAs")

WA State Unified Business Identification Number (WA UBI #)	Federal Employer I.D. Number (FEIN)	North American Industry Classification System # (NAICS)	
Reseller's Permit Number	Contractor's License Number	Union Name	
Provide names of all ACTIVE Tulalip licenses held by business, including licenses held by business partners, managers, members, and/or affiliates. Indicate business name, license number, business type, and owner(s):			
BUSINESS NAME	LIC #	BUSINESS TYPE	OWNER(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Provide names of all INACTIVE Tulalip licenses held by business, including any licenses previously held by business partners, managers, members, and/or affiliates. Indicate business name, license number, start/end year, and purpose of dissolution:			
BUSINESS NAME	LIC #	YEARS LIC ACTIVE	PURPOSE OF DISSOLUTION:
_____	_____	_____ TO _____	_____
_____	_____	_____ TO _____	_____
_____	_____	_____ TO _____	_____

D FORMATION, IDENTIFICATION OF OWNERS, ORGANIZATIONAL STRUCTURE

SELECT ENTITY TYPE/ FORMATION STRUCTURE NON-PROFITS SKIP TO NEXT QUESTION	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> FOREIGN CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> INDIVIDUAL - NO EMPLOYEES <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOR PROFIT FUNDRAISER	<input type="checkbox"/> DOMESTIC CORPORATION <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> OTHER: _____
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NON-PROFIT / NOT FOR PROFIT, EDUCATIONAL, CHARITABLE, AND RELIGIOUS ORGANIZATIONS	<input type="checkbox"/> NO <input type="checkbox"/> YES Does business possess status /classification as a non-profit organization (ex: 501 C-3) registered with the WA Secretary of State? If yes, attach proof of status and select your organizational status type below.	<input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> CHARITABLE TRUST <input type="checkbox"/> RELIGIOUS ORGANIZATION NOT FOR <input type="checkbox"/> PROFIT CORPORATION	<input type="checkbox"/> EDUCATIONAL ORGANIZATION <input type="checkbox"/> OTHER: _____
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Date of Formation / / (Date business intends to begin or first began operating at the location and ownership listed in Section A) Private

Date of Incorporation / / State(s) or Tribe(s) of Incorporation: _____ Number of Corporate Officers, Governing Members, or Partners: _____ Does business sell public or private shares? Public N/A

NO YES Are any Partners, Managers, or Corporate Officers in WA also Directors, Members and/or Shareholders? **If yes, and different from the names** you will provide below, attach separate list with the first and last name, title, and # of shares or % owned.

PARTNERS, OFFICERS, MANAGERS, MEMBERS, DIRECTORS List all owners, partners, officers, members, governing members, managers and directors. Indicate if individual corporate officers, partners, or managers are also directors, members, and/or shareholders. Attach separate sheet(s) if necessary.

Name (Last, First, Middle)	<input type="checkbox"/> Owner <input type="checkbox"/> Other	Title	% Owned	Direct Telephone Number () -
Personal Address (Street or Route, P.O. BOX, City, State, Zip)				
Name (Last, First, Middle)	<input type="checkbox"/> Owner <input type="checkbox"/> Other	Title	% Owned	Direct Telephone Number () -
Personal Address (Street or Route, P.O. BOX, City, State, Zip)				
Name (Last, First, Middle)	<input type="checkbox"/> Owner <input type="checkbox"/> Other	Title	% Owned	Direct Telephone Number () -
Personal Address (Street or Route, P.O. BOX, City, State, Zip)				
Name (Last, First, Middle)	<input type="checkbox"/> Owner <input type="checkbox"/> Other	Title	% Owned	Direct Telephone Number () -
Personal Address (Street or Route, P.O. BOX, City, State, Zip)				

E NATURE OF BUSINESS - PRODUCT AND SERVICE

Provide a **detailed description** of the nature of business, principle products sold, and /or services provided on the Tulalip Reservation.

Check all that apply: Services only - no tangible products Services Retail sales Wholesale sales Online sales Personal delivery Product shipped to consumer

NO YES Is business affiliated with any other business(es), including subsidiaries? **If yes**, explain. Attach additional sheets if necessary: _____

NO YES Is this a franchise?

Previous year Gross Annual Income derived from sales of products and/or services occurring within exterior boundaries of Tulalip: \$ _____ N/A - New Business License
 No income derived from Tulalip sales or service for prior year

NO YES Are products manufactured on the reservation? **If yes**, explain the process and equipment used in production. Attach additional sheets if necessary:

NO YES Does/Will Business maintain an office or store within Tulalip?
 NO YES Is office or store located within a residential structure (ie "Home Office")? **If yes:** NO YES Is it your primary place of residence?
 If residential location is **not** at your primary residence, please explain: _____

Businesses operating from an **home office or residential structure in Tulalip** please provide estimated number of:

On-site customers: _____ Traffic - Average Daily _____ On-site Deliveries: _____ Off Street Parking spaces: _____
 Employees: _____ Trips: Resident employees: _____ Nonresident employees: _____ Square feet used for business: _____

Does applicant lease/rent or own the land at the location of proposed business to be licensed? OWN LEASE/RENT
 Does applicant lease/rent or own the structure(s) at the location of proposed business to be licensed? OWN LEASE/RENT

If yes to either lease/rent question above, please attach:

LEASES WITH THE TULALIP TRIBES: Consent from authorized official required. Contact TLD for assistance.
 LEASES WITH QCV: One of the following: Proof of Special Operators License *or* Copy of lease agreement with QCV *and* Recent food service survey (if applicable)
 ALL OTHER LEASES/RENTALS: Attach a notarized letter of consent from landlord authorizing applicant to use leased property for business purpose. Letter must include business type/activity, lease expiration date, landlord and lessee legal names, and landlord contact information.

TULALIP LOCAL & HOME BUSINESSES/OCCUPATIONS
LAND USE, ZONING, LEASES, AND RESIDENTIAL OFFICES (TTC TTC 6.05 - Housing, 6.15 - Leases, TTC 7 - Land Use)
 Businesses operated from a residence or accessory building may be subject to other laws enforced by various government departments, including the Housing, Real Estate & Asset, and Planning Departments. Permits and other forms of authorization may be required. The TLD provides all applications for business license to the Planning Dept for review. Applications are provided to other appropriate departments for review based upon the data collected in the application process and other information known about the proposed activity. For more information, please contact the TLD and we will connect you to the appropriate officials.
 All permanent and temporary businesses and vendors seeking to provide services or conduct business operations within the Consolidated Borough of Quil Ceda Village (QCV) are required to enter into an agreement with the QCV Business Park. Food Permits for temporary establishments may also be obtained through QCV. For more information please call 360.716.5000.

E NATURE OF BUSINESS - PRODUCT AND SERVICE - Cont'd

NO YES Does primary business activity include one or more persons traveling from place to place by foot or vehicle to offer and/or solicit sales or service?
 If **yes**, refer to Peddler's license in TTC 10.10 and attach the following to your application:
 Copy of a valid WA State Drivers License for each person operating vehicle / mobile unit in Tulalip
 Photo(s) of all vehicles/mobile units used to provide services on the reservation and a brief description including make, model, year, license plate number, color, any affixed signage, advertisement, or other identifying marker.

NO YES Do your business dealings and transactions include providing care or services (non-retail) children under the age of 18? If **yes**, please explain:

NO YES Do your products or services include wholesale or retail sales of fireworks or fireworks display shows?
 If **yes**, attach a description of services, a product list, price sheet, proof of state/federal approvals, and provide class of fireworks: _____

NO YES Do your business operations include manufacturing, distribution, or retail or wholesale sale of alcoholic products?
 NO YES Will you prepare food or beverage goods for consumer consumption?
 NO YES Do your business operations include manufacturing, distribution, or retail or wholesale sale of tobacco products?

FIREWORKS (TTC10.25), ALCOHOL (TTC10.35), FOOD AND BEVERAGE (TTC 11.20), AND TOBACCO (TTC 12.10)
Chapter 10.25 - Fireworks: Retail sales of 1.4G fireworks is restricted to enrolled members of the Tulalip Tribes; wholesale sales of 1.4G fireworks are not restricted to membership. Other classes of fireworks are prohibited and not eligible for licensure.
Chapter 10.35 - Liquor Licenses and Tulalip Liquor Regulations: INSPECTION REQUIRED - Retail sale of spirits, liquor by the drink, banquet licenses, and various endorsements.
Chapter 10.40 - Transient Accommodations: INSPECTION REQUIRED - Hotel, motel, and other public overnight accommodations.
Chapter 11.20 - Food Service Sanitation: INSPECTION REQUIRED - All temporary, full time, and part time food service establishments serving Tulalip
Chapter 12.10 - Cigarette Tax: License and tax applies to retail sales of tobacco products.
INSPECTIONS: Contact the TLD to schedule 360.716.4216
 Tribal owned businesses located in Tulalip are subject to TTC 12.05 - Sales and Use Tax and TTC 12.25 - Restaurant Privilege Tax

NO YES Are any owners or shareholders enrolled in a federal recognized tribe? If **yes**, total percentage owned by enrolled member(s): _____ %
 If **yes**, attach proof of tribal enrollment for **each** owner/shareholder, their title, and their individual percentage of ownership.

YES NO Does business have a Tulalip TERO Compliance Contract? If **no**, do you intend to enter into a TERO Compliance Contract?
 NO YES Is business listed on the Native Owned Business Registry? If no, would you like information how your NAOB can benefit from this free resource? NO YES

Check all that apply, provide additional information for each checked box. Is this business:

<input type="checkbox"/> BONDED	COMPANY NAME _____	ACCT # _____	EFFECTIVE DATE _____	EXPIRATION DATE _____	\$ _____ BOND AMOUNT
<input type="checkbox"/> INSURED	COMPANY NAME _____	POLICY # _____	EFFECTIVE DATE _____	EXPIRATION DATE _____	\$ _____ INS. AMOUNT
	COMPANY NAME _____	POLICY # _____	EFFECTIVE DATE _____	EXPIRATION DATE _____	\$ _____ INS. AMOUNT
<input type="checkbox"/> CONTRACTOR	PROJECT LOCATION _____	TYPE _____	PERMIT No. _____	START DATE _____	
<input type="checkbox"/> SUBCONTRACTOR	CONTRACTOR NAME _____	SCOPE OF WORK _____			
<input type="checkbox"/> TRIBAL PROJECT	TRIBAL DEPARTMENT OVERSEEING PROJECT _____	PROJECT MANAGER NAME _____	() - _____ PHONE		
<input type="checkbox"/> NONE OF THESE					

CONTRACTORS, TRIBAL BUSINESSES, TERO & NAOB REGISTRY
TULALIP TRIBAL EMPLOYMENT RIGHTS OFFICE
 Tulalip Employment Rights Office (TERO) is the Equal Employment Opportunity Commission (EEOC) representative for Tulalip. TERO laws enforce specific hiring and labor requirements upon businesses, contractors, and subcontractors doing business within the exterior boundaries of Tulalip, including regulation of employment practices and obligating employers to provide preference in recruiting, hiring, training and promoting qualified Native Americans. Visit www.tulaliptribe.com or call 360.716.4747 for more information. (TTC 09.05)

NO YES Does this business possess valid vendors license issued by a Tribal Gaming Agency? If **yes**, attach proof of VL and provide number: VL _____

NO YES Are your business activities in Tulalip limited to service at one or more of the three (3) licensed Tulalip gaming establishments?
 NO YES If **yes**, are your goods or services non-gaming in nature? If **yes**, describe: _____

NO YES Do you supply less than \$25,000 in goods or services in Tulalip annually?
 NO YES Is your business activity in Tulalip limited to accounting or legal services or supplying only food, beverage, gift shop, advertising, promotional, entertainment or marketing goods and services?
 If **yes**, to any of the above, your VL may qualify your business to waive master license requirements. Please contact our office for more information at 360.716.4211.

GAMING AND VENDORS OF GAMING VENUES
GAMING - ALL CLASSES (TTC 10.05)
TGA: Businesses providing services at or one or more of the Casino or Bingo establishments in Tulalip, and vendors of gaming products (lotto, games of chance, etc.) must obtain a gaming vendor license issued by the Tribal Gaming Agency (TGA). For more information, contact the Tulalip TGA Office at 360.716.2000
INDIAN TRADERS LICENSE For information pertaining to Indian Trader's Licenses, please visit/ contact the Bureau of Indian Affairs, Puget Sound Agency at: 2707 Colby Avenue, Suite #1101, Everett, WA 98201 - (425) 258-2651

F SIGNATURE REQUIRED Signature attests to the accuracy of the information provided and that 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 () - _____	
Signature of Preparer X		Title	Date