



TULALIP TAX & LICENSING DIVISION  
 6406 Marine DR NW - Tulalip, WA 98271  
 Office: 360.716.4209 - Fax: 360.716.0180  
 TLD@TULALIPTRIBES-NSN.GOV

LIC #	OTHER LIC #	APPLICABLE YEAR
CHECK/MONEY ORDER #	RECEIPT NUMBER	
APP RCVD / /	RTN INCOMPLETE ON <input type="checkbox"/> N/A / /	PYMT RCVD / /

# APPLICATION FOR MASTER LICENSE

**INCOMPLETE SUBMITTALS WILL BE RETURNED**  
**ALL FEES NONREFUNDABLE**

## A PAYMENT AND FEES

**PAYMENTS** Applications are processed after payment confirmation. License fees are not pro-rated and are nonrefundable. New businesses with a physical location in Tulalip: Contact TLD for pre-application review to ensure desired business location is appropriately zoned for activity and obtain information on additional requirements prior to remitting payment. Accepted forms of payment are cash, check and money order made payable to Tulalip TLD. Credit card payments are accepted in person at the cashier window and via telephone by calling (360) 716-4353 and selecting option "2" two times. If renewing, please have license number(s) ready. **FEES are as follows:**

<p><b>\$50.00</b> <input type="checkbox"/> <b>NEW</b> Businesses, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Changes in ownership, organizational structure, or business type</li> <li><input type="checkbox"/> Change of Location - licensee relocating within, to, or from Tulalip</li> <li><input type="checkbox"/> Previously licensed businesses that did not possess a license in year immediately preceding application for license.</li> <li><input type="checkbox"/> Changes beyond the scope of a home occupation permit or conditions and restrictions for licenses issued pre-2015 to residential-based businesses</li> </ul>	<p><b>\$25.00</b> <input type="checkbox"/> <b>NEW</b> - Home Business (arts &amp; crafts and artists with two or less employees)</p> <p><b>\$90.00</b> <input type="checkbox"/> <b>NEW</b> - Peddler (1)</p> <p><b>\$15.00</b> <input type="checkbox"/> <b>RENEWAL</b> - General and Home based</p> <p><input type="checkbox"/> <b>NO CHANGES</b></p> <p><input type="checkbox"/> <b>WITH CHANGES</b> (other than location, ownership, structure, or location) describe on separate sheet</p> <p><b>\$75.00</b> <input type="checkbox"/> <b>RENEWAL</b> - Peddler (renewal + 1 background)</p> <p><b>\$40.00</b> <input type="checkbox"/> Additional background check for each partner and employees intending to engage in peddling activity in Tulalip</p>	<p><b>\$ 5.00</b> <input type="checkbox"/> Name Change, Certificate Replacement</p> <p><input type="checkbox"/> Penalty (type): _____</p> <p>Amt: \$ _____</p> <p><b>Total Due: \$ _____</b></p> <p><b>Total Enclosed: \$ _____</b></p>
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## B BUSINESS INFORMATION - GENERAL

Legal Business Name (LBN)		<input type="checkbox"/> LBN <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Omit		Select all names to appear on license. Then select the order you wish them to appear on the certificate. If no indication is marked, name will not appear.
<input type="checkbox"/> N/A DBA I (Registered Trade Name) *DO NOT list if name is not registered with WA Secretary of state or equivalent		<input type="checkbox"/> DBA I <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Omit		
<input type="checkbox"/> N/A DBA II (Registered Trade Name) *DO NOT list if name is not registered with WA Secretary of state or equivalent		<input type="checkbox"/> DBA II <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Omit		
Previous year Gross Annual Income derived from sales/services occurring within exterior boundaries of Tulalip: \$ _____		<input type="checkbox"/> No sales/services in Tulalip for prior year <input type="checkbox"/> N/A - New Business License		Website: _____
Business Address (Physical Location to be licensed)		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) <input type="checkbox"/> SAA		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 ( ) -	Agent Email Address	
Agent Mailing Address (Do Not use PO Box)		City	State	Zip
Direct license-related queries, correspondence, and other documents to:		Other Name, Title		
<input type="checkbox"/> Physical Location Contact <input type="checkbox"/> Primary Contact (listed under bus mail) <input type="checkbox"/> Registered Agent <input type="checkbox"/> Other: _____		Other Address		

## C LICENSURE / REGISTERED TRADENAMES ("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
<input type="checkbox"/> N/A Provide names of all <b>ACTIVE</b> 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):		
<b>BUSINESS NAME</b>	<b>LIC #</b>	<b>BUSINESS NAME</b>
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> N/A Provide names of all <b>INACTIVE</b> 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:		
<b>BUSINESS NAME</b>	<b>LIC #</b>	<b>YEARS LIC ACTIVE</b>
_____	_____	_____ TO _____
_____	_____	_____ TO _____
<b>PURPOSE OF DISSOLUTION:</b>		

## 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: _____
NON-/NOTFOR PROFIT, CHARITABLE, RELIGIOUS, AND EDUCATIONAL 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: _____
Date of Formation* <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YY"/> (*Date business intends to begin or first began operating at the location and ownership listed in Section A)			
Date of Incorporation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YY"/>		State(s) or Tribe(s) of Incorporation: _____	
<input type="checkbox"/> NO <input type="checkbox"/> 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.		Number of Corporate Officers, Governing Members, or Partners: _____	
<input type="checkbox"/> NO <input type="checkbox"/> YES Are any owners or shareholders enrolled in a federally recognized tribe? If yes, total percentage owned by enrolled member(s): _____ If yes, attach proof of enrollment for each owner/shareholder, their title, and their individual percentage of ownership		Does business sell public or private shares? <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> ESOP <input type="checkbox"/> N/A	
<input type="checkbox"/> NO <input type="checkbox"/> YES Is this a franchise?			
<b>PARTNERS, OFFICERS, MANAGERS, MEMBERS, DIRECTORS</b> 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 DETAILED description of the nature of business, principle products sold, and /or services provided in Tulalip.

\_\_\_\_\_

\_\_\_\_\_

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 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? (Includes transit for hire)  
 If yes, refer to Peddler's license TTC 10.10 and attach the following to your application:  
 Copy of 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?  
 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 (TTC 10.25), ALCOHOL (TTC 10.35), FOOD AND BEVERAGE (TTC 11.20), AND TOBACCO (TTC 12.10) INSPECTIONS:** Contact TLD to schedule 360.716.4211  
**Chapter 10.25 - Fireworks:** License for retail sales of 1.4G fireworks is restricted to enrolled members of the Tulalip Tribes; wholesale licenses for the same are not restricted. Other classes of fireworks are prohibited and not eligible for licensure.  
**Chapter 10.35 - Liquor Licenses and 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:** License and tax applies to retail sales of tobacco products.  
 Tribal-owned businesses located within Tulalip may be subject to TTC 12.05 - Sales and Use Tax and TTC 12.25 - Restaurant Privilege Tax - please inquire

NO  YES Does business possess valid vendors license issued by a Tribal Gaming Agency? If yes, attach proof and provide number: VL \_\_\_\_\_ \*If no, skip to Section F

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 If yes, do you supply less than \$25,000 in goods or services to Tulalip gaming establishments annually?  
 NO  YES If 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?

**GAMING AND VENDORS OF GAMING VENUES - ALL CLASSES (TTC 10.05)** If yes, to any of the gaming questions above, your VL may qualify your business to have master license fees waived. Please contact our office for more information at 360.716.4211.  
**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

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

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 storefront in Tulalip?  
 Does applicant lease/rent or own the land at the location of proposed business to be licensed?  N/A  OWN  LEASE/RENT- please attach:  
 Does applicant lease/rent or own the structure(s) at the location of proposed business to be licensed?  N/A  OWN  LEASE/RENT- 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.

## F RESIDENTIAL BASED BUSINESSES

### BUSINESSES OPERATING FROM A TULALIP RESIDENTIAL STRUCTURE (including home office):

Provide the estimated on-site daily total for each item listed below. Do not include deliveries, parking spaces, traffic, etc. intended strictly for personal use. Range estimates are acceptable when within a 10% error margin.

NO  YES Is office or store located within a residential structure (i.e. "Home Office")? **If yes**, Is this your primary place of residence?  NO  YES **\*If no**, skip to **Section G**  
 If **residential location is not at your primary residence**, explain: \_\_\_\_\_

Customer visits: \_\_\_\_\_ Vehicle Traffic - (daily trips\*): \_\_\_\_\_ Resident employees: \_\_\_\_\_ Designated off-street parking spaces: \_\_\_\_\_  
Each arrival and departure counted as a separate trip  
 Commercial Vehicles: \_\_\_\_\_ On-site deliveries: \_\_\_\_\_ Non-resident employees: \_\_\_\_\_ Sq feet of residence used for business: \_\_\_\_\_

Water & Sewer Source- check all that apply:  Tulalip Water  Tulalip Sewer  Marysville Water  Marysville Sewer  Private Septic  Private Well  Community

Do you anticipate an increased load on septic or use of well water?  NO  YES **If yes**, please explain: \_\_\_\_\_

### HOUSING (TTC 6.05), LEASING (TTC 6.15), LAND USE 7), AND ON-SITE TREATMENT AND DISPOSAL (TTC 13.200)

Other laws may impact your application for license including zoning, land use, leases, housing agreements, well, septic, and noise laws. Those listed above the most common laws that may impact your business operations but are not meant to be used as a complete list. Applications for local businesses may be sent to various government departments for review, comment, or other cause. It is the responsibility of the applicant to verify activities comply with relevant law and obtain any required authorization or permit necessary to legally operate your venture. Please contact departments directly for more information at 360.716.4000.

## G TERO

### CONSULTANTS, CONTRACTED SERVICES, CONTRACTORS, AND NATIVE AMERICAN OWNED BUSINESSES

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

Check all that apply and provide additional information for each checked box.

**BONDED** \_\_\_\_\_ BOND COMPANY NAME \_\_\_\_\_ ACCT # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ \$ \_\_\_\_\_ BOND AMOUNT

**INSURED** \_\_\_\_\_ INSURER NAME \_\_\_\_\_ POLICY # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ \$ \_\_\_\_\_ INS. AMOUNT

**CONTRACTOR -**  
Applies to work performed under contract with Tulalip Tribal orgs and private citizens & businesses  
 COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ \$ \_\_\_\_\_ INS. AMOUNT

No active projects PROJECT LOCATION \_\_\_\_\_ TYPE \_\_\_\_\_ PERMIT No. \_\_\_\_\_ START DATE \_\_\_\_\_  
 Active projects

**SUBCONTRACTOR** \_\_\_\_\_ CONTRACTOR NAME \_\_\_\_\_ SCOPE OF WORK \_\_\_\_\_

**TRIBAL PROJECT** \_\_\_\_\_ TRIBAL DEPARTMENT OVERSEEING PROJECT \_\_\_\_\_ PROJECT MANAGER NAME \_\_\_\_\_ ( ) - \_\_\_\_\_ PHONE \_\_\_\_\_

**NONE OF THESE**

### TULALIP TRIBAL EMPLOYMENT RIGHTS OFFICE (TTC 09.05) & NAOB REGISTRY

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 Tulalip, including regulation of employment practices and obligating employers to provide preference in recruiting, hiring, training and promoting qualified Native Americans. Visit [www.tulaliptero.com](http://www.tulaliptero.com) or call 360.716.4747 for more information.

**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

## H 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 SAID BUSINESS.

<input type="checkbox"/> Application prepared by a governing member, owner, or officer of Applicant and bear my signature below.	<input type="checkbox"/> Application has been prepared by a party other than a governing member, owner, or officer of Applicant	<i>The party preparing this application is the /an:</i>	<input type="checkbox"/> Registered Agent <input type="checkbox"/> Employee authorized to sign such documents <input type="checkbox"/> Employee authorized to provide information contained herein	Telephone Number of Preparer ( ) - _____
Signature X	Date	Signature of Preparer X	Date	
Printed Name	Title	Printed Name	Title	