

SPECIAL EVENT / WHOLESALE FIREWORKS APPLICATION

MUST BE COMPLETED IN FULL USING DARK INK. IF ANY PORTION IS NOT APPLICABLE INDICATE BY STRIKE THROUGH OR MARKING "N/A". ALL REQUIRED DOCUMENTS MUST ACCOMPANY APPLICATION AT THE TIME OF SUBMITTAL.



The Tulalip Tribes of Washington
TAX & LICENSING DIVISION
 6406 Marine Drive, Tulalip, WA 98271
 Telephone: (360) 716-4209

REQUIRED WITH APPLICATION:

- Proof of current State/ Federal licenses
- Government issued ID cards for applicant and employees assigned to Tulalip location.
- Certificate of Insurance
- Inventory List - *A price list is required if not included on inventory list*
- \$100 Wholesale license fee + \$10 Special Event License Fee

C PAYMENT SUMMARY

Enclose payment / proof of payment for application fee in the amount of \$110.00 . Accepted forms of payment include check and money order made payable to Tulalip Tribes / TLD , and cash, credit, and debit card at the Cashier window.	PAYMENT METHOD: Check or M/O # _____ Cash Credit or Debit	Receipt #: _____	Wholesale License # _____ Business License # _____
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B STRUCTURE/OWNERSHIP – Attach additional sheets when necessary

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

Prior year gross income from wholesale sales of fireworks within the Tulalip Reservation	If business did not participate in immediately preceding season, provide estimated gross income wholesales sales of fireworks within the Tulalip Reservation
Is this an Indian Owned Business? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Federally Recognized Tribe:
If Yes; Percentage Indian Owned: %	Enrollment #: ATTACH PROOF

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
- Is ness listed on the Tulalip TERO Native Owned Business Registry? YES NO

WA State Unified Business Identification Number	Federal Employer I.D. Number (FEIN)	North American Industry Classification System Number (NAICS)
Reseller's Permit Number	Indian Traders License Number	

Is business affiliated with any other business(es), including subsidiaries? NO YES If yes, please explain- 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):

C DESIGNATED AGENT AND ONSITE ASSISTANTS

Designated WA State Agent	D.O.B. / /	STATE ID #	Business Telephone # () -
Complete Mailing Address		Email Address	
Assistant Name (Last, First, Middle)	D.O.B. / /	STATE ID #	
Assistant Name (Last, First, Middle)	D.O.B. / /	STATE ID #	
Assistant Name (Last, First, Middle)	D.O.B. / /	STATE ID #	
Assistant Name (Last, First, Middle)	D.O.B. / /	STATE ID #	

D APPLICANT BACKGROUND - If you answer "YES" for applicant or any employee attach a separate sheet describing the nature of the offense or charge, and the date, time, case number, and location where it the offense occurred.

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

E SIGNATURE & ACKNOWLEDGEMENT - 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 OF ANY LICENSE GRANTED, THAT I HAVE EXAMINED THIS APPLICATION ANDTHE INFORMATION CONTAINED HEREIN AND/OR ATTACHED, AND THE INFORMATION PROVIDED BY ME AND/OR MY PARTNER(S) IS TRUE AND CORRECT. I SWEAR OR AFFIRM TO COMPLY WITH THE LAWS OF TULALIP AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE TULALIP TRIBES AND SERVICE OF OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Licensee/Partner Signature	Title	Date
Licensee/Partner Signature	Title	Date