COLORADO RIVER INDIAN TRIBES
DEPARTMENT OF REVENUE AND FINANCE

APPLICATION FOR BUSINESS LICENSE

NOTICE: Application must be completed in its entirety and **SIGNED**. No modifications of any kind may be made to this Application. **PAYMENTS RECEIVED ARE NON-REFUNDABLE.** Please read the Instructions before completing this Application. Please type or write legibly.

TYPE OF LICENSE REQUESTED
(check only one)

____	**TEMPORARY** – ENGAGED IN BUSINESS 4 DAYS OR LESS Indicate date business starts: _____ (mm/dd/yyyy)	FEE: **$ 25.00**
____	**SEASONAL** – ENGAGED IN BUSINESS MORE THAN 4 DAYS BUT LESS THAN 3 MONTHS Indicate date business starts: _____ (mm/dd/yyyy)	FEE: **$ 50.00**
____	**ANNUAL** – ENGAGED IN BUSINESS MORE THAN 3 MONTHS (expires December 31st of year of issuance)	FEE: **$100.00**
____	**PEDDLER** – ENGAGED IN TEMPORARY TRANSIENT BUSINESS (No Tax Due) (expires Dec. 31st of year of issuance)	FEE: **$ 55.00**
☐	**EXPEDITED DELIVERY** **(for Express Mail delivery of your license)**	**ADDITIONAL FEE: $ 15.00**

BUSINESS INFORMATION

1. BUSINESS NAME: _____
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____
3. BUSINESS STREET ADDRESS: _____
   (including City, State and Zip)
4. BUSINESS MAILING ADDRESS (IF DIFFERENT): _____
5. BUSINESS TELEPHONE NUMBER: _____
6. BUSINESS FAX NUMBER: _____
7. BUSINESS EMAIL ADDRESS: _____
8. DATE BUSINESS ESTABLISHED: _____
9. BUSINESS DESCRIPTION: ( ) SALES OF GOODS ( ) SERVICES ( ) GOODS AND SERVICES
   PLEASE PROVIDE BRIEF DESCRIPTION: _____
   a. IF TOBACCO IS SOLD: ( ) RETAILER ( ) DISTRIBUTOR
   b. IF LIQUOR IS SOLD: ( ) RETAILER ( ) DISTRIBUTOR

OWNER AND PRIMARY CONTACT INFORMATION

10. PRINCIPAL OWNER OR CORPORATION NAME: _____
11. PRINCIPAL OWNER MAILING ADDRESS): _____
    (including City, State and Zip)
12. PRIMARY CONTACT NAME: _____
13. PRINCIPAL OWNER OR PRIMARY CONTACT:
    a. TELEPHONE NUMBER: _____
    b. FAX NUMBER: _____
    c. EMAIL ADDRESS: _____
14. CRIT TRIBAL MEMBER? ( ) YES ( ) NO IF YES, ENROLLMENT NO.: _____
15. ENROLLED AT ANOTHER INDIAN TRIBE? ( ) YES ( ) NO IF YES, NAME OF TRIBE: _____

ADDITIONAL BUSINESS INFORMATION

16. TYPE OF BUSINESS: ( ) FOR PROFIT ( ) NON-PROFIT
17. BUSINESS CLASSIFICATION: ( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION
    ( ) LIMITED LIABILITY COMPANY ( ) I.R.S. 501(C) CERTIFIED ORGANIZATION
    ( ) OTHER (DESCRIBE): _____
    a. IF CORPORATION, INDICATE STATE(S) OR TRIBE(S) WHERE INCORPORATED: _____
18. CRIT LEASE? ( ) YES ( ) NO

19. HAS YOUR BUSINESS BEEN ISSUED A CRIT BUSINESS LICENSE IN THE PAST 5 YRS? ( ) YES ( ) NO If yes, BL #: ____

20. HAVE YOU PREVIOUSLY APPLIED FOR A CRIT BUSINESS LICENSE UNDER ANOTHER NAME? ( ) YES ( ) NO
If yes, under what name: _____

21. HAS ANY BUSINESS LICENSE YOU HELD EVER BEEN SUSPENDED, REVOKED OR DENIED? ( ) YES ( ) NO
If yes, explain: _____

CONSENT AND VERIFICATION

22. BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF LICENSE:

Each licensee shall comply with all tribal laws, including but not limited to: tribal tax laws, Indian employment and contracting preference laws and applicable federal law. The licensee is required to comply with any additional tribal laws as such laws are enacted by the Tribal Council, and obtain any other licenses or permits required by applicable law.

Each licensee consents to the jurisdiction of the Tribal Court as to any cause of action arising in connection with the transaction of any business within the reservation, or any tortious acts committed in connection with the transaction of any business within the reservation. Each licensee consents to the service of process of the Tribal Court with respect to all actions over which the Tribal Court has subject matter jurisdiction, in accordance with the rules of procedure of the Tribal Court.

Each licensee shall respond in a timely manner to requests by the Department of Revenue for information about the licensee's business for the purpose of establishing whether the licensee is in compliance with the terms of the Business and Professions Code.

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 COLORADO RIVER INDIAN TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Signature: _____ Date: _____

Print Name: _____

Please make check/money order payable to "CRIT Department of Revenue." **NO CASH ACCEPTED.**
Please mail or return your completed application and payment to:

CRIT DEPARTMENT OF REVENUE
26600 Mohave Road
Parker, Arizona 85344
(928) 575-1532
Email: taxinfo@crit-nsn.gov
www.crit-nsn.gov

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

FEE PAID:_____ CHECK NO.: _____ DATE PAID:_____

BUSINESS LICENSE NO._____ DATE VALID_____ DATE EXPIRES_____

APPROVED BY_____ DATE ISSUED_____