



Tribal Employment Rights Office

P.O. BOX 900
BELCOURT, NORTH DAKOTA 58316

Phone (701) 477-2663
or (701) 477-2662
Fax (701) 477-5134

ANNUAL BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

DATE _____ Applicant Name _____

SSN: _____

MAILING ADDRESS _____
STREET OR BOX # CITY STATE ZIP

Business Phone: _____

Are you a citizen of the U.S.? Yes No

Mobile: _____

Are you Native American? Yes No

FAX: _____

If yes, which Tribal affiliation? _____

Tribal Enrollment Number: _____

BUSINESS INFORMATION

Business Name: _____

Business Type(s): Manufacturing Wholesales Retail Contractor Services
 Day Care Services Other: _____

Give a description of services your business will provide:

OFFICE USE ONLY

Reference Checked Endorsements Checked License Fee Paid TERO Fees Current

Fire Inspection Complete - Verified by: _____ Date: _____

* Annual Business License Fee: \$300.00 for Enrolled Members; \$400.00 for Non-Enrolled Members. License Fee is Non-Refundable

----- OWNERSHIP -----

Federal ID No. _____

Type of Ownership: Sole Ownership Partnership Corporation

List names and addresses of owners / partners or corporate officer by their Titles: (also, list percentage of ownership)

Do any of the listed partners have ownership in any other firm(s)? Yes No

If so, what other firm(s): _____

----- LOCATION -----

Location of premises for which license is requested:

Legal description of the premises for which license is requested:

Has any person, other than applicant, any right, title, estate or interest in the premises for which license is requested? Yes No

----- Insurance, Licensing, Bonding, & Compliance -----

If applicable, do you have a State Contractor's License?

Yes No

Are you in full compliance with State Workmens Compensation?

Yes No

Are you currently compliant with Unemployment Insurance, FICA, etc.?

Yes No

Do you currently have liability insurance? Yes No

If yes, please submit a copy of insurance, otherwise your license **will not** be approved.

----- Environmental -----

Will your business have any affect on the environment? Yes No

If yes, please give details: _____

Give a description of services your business will provide:

Will your firm require hiring employees? Yes No

If yes, how many employees will be hired and will they be enrolled members of this tribe?

Will you commit yourself to the jurisdiction of the Turtle Mountain Tribal Court? Yes No

Are you taking over a previous business license? Yes No If yes, who were the former owners?

Have you had a previous business license with the Turtle Mountain Band of Chippewa? Yes No

If yes, give name and date of issuance and reason for new license request:

List five (5) benefits your business will provide to the local economy:

1.

2.

3.

4.

5.

List three (3) references:

Name:

Address:

Business Phone:

 Home Phone:

Name:

Address:

Business Phone:

 Home Phone:

Name:

Address:

Business Phone:

 Home Phone:

List three businesses which you have had, or plan on doing business with:

Name: _____

Address: _____

Business Phone: _____

Name: _____

Address: _____

Business Phone: _____

Name: _____

Address: _____

Business Phone: _____

I, the undersigned, swear that the information on this form is true to the best of my knowledge and belief, and acknowledge that false or misleading information is sufficient grounds for denial or revocation of license or authorization.

I also agree to provide a fire and safety inspection report prior to issuance of a business license and agree to abide by all laws of the Turtle Mountain Band of Chippewa and any future amendments of said laws.

I further agree, that any expansion of my firm will require me to apply for a new business license.

Applicants Signature

Date

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, disposes and says application, that he/she is the applicant who is described in and who executed the foregoing and above application, that he/she has read each question and statement therein contained and knows the contents thereof, and that he/she had made the answers set forth in said application and that each one of said answered is true and to the best of his/her knowledge.

SEAL

Notary Public Signature

Subscribed and sworn before me on: _____

My Commission Expires: _____