

Vendor # _____

PLEASE ENCLOSE SEPARATE CHECK OR MONEY ORDER
PAYABLE TO THE FMIT TAX COMMISSION

Tax Commission
Fort Mojave Indian Tribe
8490 Hwy 95, Suite 103
Mohave Valley, AZ 86440

BUSINESS LICENSE APPLICATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Sellers Permit #: _____

Cell Phone: _____ Email Address: _____

Type of Business: _____

THIS BUSINESS IS A (CHECK ONE)

____ Sole Owner Social Security of Owner # _____

____ Partnership Partnership ID # _____

____ Corporation Corporate Tax ID # _____

Please provide the following information on a principal(s):

Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

BUSINESS TAX CATEGORIES

____ This business is located outside the Reservation \$50.00

____ This business is at a residential location on the Reservation \$50.00

____ This business is located at a commercial location on the Reservation \$50.00

Make all checks payable to: Tax Commission, Fort Mojave Indian Tribe

BEFORE YOU SIGN THE APPLICATION READ THIS NOTICE: Licensees are required to acquaint themselves with Tribal Law and specifically regarding prohibited activities on the Reservation. The possession of all types of weapons except as specifically authorized is prohibited. The performance of the activities involving piercing of skin is also prohibited.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO MAKE THIS STATEMENT, AND THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ APPLICANTS TITLE: _____