

PASCUA YAQUI TRIBE

TRIBAL EMPLOYMENT RIGHTS OFFICE

APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR THE PASCUA YAQUI RESERVATION/TRIBAL LAND



Date: _____

1. Name of Business: _____ Tax ID #: _____

2. Form of Business: _____
(Corporation, Partnership, Sole Proprietorship, Other)

3. If Corporation: Where Incorporated _____

Date of Incorporation _____

4. Business Location(s) _____ Phone _____

City/State/Zip _____ FAX _____

5. Email Address: _____

6. Type of Business: _____

7. Owner(s): _____

Tribal Member: Yes _____ No _____ Tribe: _____

8. Address of Owner(s) _____

9. Number of employees during prior Calendar Year: _____

Indians _____ Non-Indians _____

10. Gross Sales for Prior Calendar Year \$ _____

11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for
Current License Year: \$ _____

12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:

Name: _____ Phone: _____

Address _____

PASCUA YAQUI TRIBE

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BUSINESS LICENSE APPLICATION

I UNDERSTAND THAT THE GRANTING OF A BUSINESS LICENSE AND PAYMENT OF THE LICENSING FEE DOES NOT GRANT ANY PERSON OR ENTITY THE AUTHORIZATION TO WORK OR CONDUCT BUSINESS ON THE PASCUA YAQUI INDIAN RESERVATION OR TRIBAL LANDS.

AUTHORIZATION TO WORK OR CONDUCT BUSINESS IS NOT GRANTED UNTIL THE APPLICANT:

1. Obtains a work permit from the Tribal Employment Rights Office (TERO), and if necessary, executes a Contractor's Agreement for Indian Employment Preference; and
2. Obtains a Tribal and/or State Gaming License for work or services for the Casino of the Sun/Casino Del Sol.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief.

Signature of Applicant

Date

d.b.a. _____

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FOR PASCUA YAQUI FINANCE OFFICE USE

Signature of Finance Official

Date

Fee Amount Paid: \$ _____