

Vendor # \_\_\_\_\_

PLEASE ENCLOSE SEPARATE CHECK OR MONEY ORDER  
PAYABLE TO THE F.M.I.T. TAX COMMISSION

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

### BUSINESS LICENSE APPLICATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite: \_\_\_\_\_

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 HEARBY 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: \_\_\_\_\_