

**BUSINESS LICENSE APPLICATION**  
HOOPA VALLEY TRIBAL COUNCIL  
DEPARTMENT OF COMMERCE  
P.O. BOX 1348 HOOPA, CALIFORNIA 95546

License Class:  Temporary  Seasonal  Permanent - NEW  RENEWAL

Ownership Type:  Sole Proprietorship  Partnership  Corporation

Description of the type of business \_\_\_\_\_  
\_\_\_\_\_

Name and Address of the Business Owner(s) \_\_\_\_\_  
\_\_\_\_\_

Business Name and Address \_\_\_\_\_  
\_\_\_\_\_

Location on the Reservation at which the business will be conducted \_\_\_\_\_  
\_\_\_\_\_

Name, Address and Signature of the registered agent who will accept service of process on behalf of the business:  
\_\_\_\_\_  
\_\_\_\_\_

By applying for a Tribal Business License, I hereby agree to comply with all applicable Tribal laws and consent to Tribal Court jurisdiction and service of process in matters arising from the conduct of business.

\_\_\_\_\_  
Business License Applicant Date

DEPARTMENT OF COMMERCE USE

Fees Paid \$ \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Tribal Department of Commerce Date