



**HOOPA VALLEY TRIBAL COUNCIL
HOOPA VALLEY TRIBE**

Office of Tribal Self-Governance/Department of Commerce
Post Office Box 1268, Hoopa, CA 95546
Ph 530-625-5149 – Fax 530-625-1028
website: www.hoopa-nsn.gov



Business License Application

Class: () Temporary-(7 Days \$10.00) () Seasonal-(3 Months-\$25.00) () Permanent (\$50.00)
() Amended Business License (\$25.00)

Type: () Sole Proprietorship () Partnership () Corporation

1. Name of Business: _____
2. Describe type of Business: _____

3. Name and PO Box of Business Owner (s).
 1. _____
 2. _____
 3. _____
 4. _____
4. Physical Address of Business

5. Phone Number: _____
6. Email Address: _____
7. American Indian Preference Yes _____ No _____ If Yes what Tribe _____ Roll Number _____

By applying for a Tribal 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.

Applicant Signature and Date

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| Signature | Signature |
| Date | Date |
| 3. _____ | 4. _____ |
| Signature | Signature |
| Date | Date |

Do you give Self-Governance/Department of Commerce permission to Advertise your business on the Hoopa Valley Tribe web site? _____ Yes _____ No

Department of Commerce Use Only

Approved () Yes () No Renewal () Yes () No Fees Paid-\$ _____

Department of Commerce

Date