



## 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](http://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 Date Signature Date

3. \_\_\_\_\_ 4. \_\_\_\_\_

Signature Date Signature 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