



Kalispel Tribal Gaming Agency
 100 N. Hayford Road
 Airway Heights, WA 99001
 509.481.4142

OFFICIAL USE ONLY

LIC NUMBER	OTHER LIC NUMBER	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT NUMBER

APPLICATION FOR BUSINESS LICENSE

PLEASE PRINT OR TYPE IN DARK INK. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO APPLICANT.

A PAYMENT SUMMARY - *Applications received without payment in full will not be accepted.* FEE(s)

Enclose payment for total amount due, including application and applicable penalty fees. Accepted forms of payment are check and money order made payable to Kalispel Tribal Gaming Agency . License fees are not pro-rated and are nonrefundable. <i>Please choose:</i> New - Bus RENEWAL If NO CHANGES, Complete Sections A, B, F only Location Change PENALTIES- type: _____	Business License - NEW	\$ 50.00
	Business License - Renewal	\$ 15.00
	TOTAL APPLICABLE FEES PAID	\$ _____

B BUSINESS INFORMATION – GENERAL

Date business first conducted (opened) under current ownership at this WA location:	Firm / Trade Name	Property Location Parcel:		
Does business maintain an office or store located within the exterior boundaries of the Kalispel Reservation? <input type="checkbox"/> NO <input type="checkbox"/> YES	Business Address (Kalispel Location OR Primary Physical Location)			
	City	State	Zip	County
	Business Telephone Number	Alt or Toll Free Number	Fax Number	
Is business located at private residence (ie home office)? <input type="checkbox"/> NO <input type="checkbox"/> YES	Business Mailing Address (If Different From Above)			
	City	State	Zip	County
Indicate if business is full or part time: <input type="checkbox"/> Part <input type="checkbox"/> Full	Business Telephone Number	Fax Number	Alt or Toll Free Number	
REGISTERED AGENT / OFFICE BUSINESS CONTACT Licensing related correspondence will be directed to person listed.	Agent or Contact Name		Title	Is Contact office located at physical location of business to be licensed by the Kalispel Tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Office Mailing Address (Street or Route, P.O. Box, City, State, Zip)			
	Telephone Number	Fax Number	Email Address	
Describe in detail the nature of business, principle products sold, and services provided on the Kalispel Reservation. Indicate if sales are retail or wholesale and if products are manufactured on the reservation:				
Is this an Indian Owned Business? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes; Percentage Indian Owned: _____ % Name of Federally Recognized Tribe and Enrollment #: _____ <i>ATTACH PROOF</i>				
Do your business dealings and transactions include providing care or services (non-retail) children under the age of 18? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, please explain:				

C REGISTRY INFORMATION

LICENSURE, REGISTERED TRADE NAMES ('DBA's') Trade Names must be registered with the WA Secretary of State or equivalent if name is not registered DO NOT complete this section	WA State Unified Business Identification Number (WA UBI #)	Federal Employer I.D. Number (FEIN)	North American Industry Classification System Number (NAICS)	
	Reseller's Permit Number	Contractor's License Number	Union Name	
	Does this business possess a current license issued by the Kalispel Tribe? If Yes, Gaming (Vendor) License #			<input type="checkbox"/> NO <input type="checkbox"/> YES
	DBA / Other Trade Name			
	Is this trade name registered with the state of WA? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, list state(s) / Tribes in which trade name is registered:		Is trade Name to appear on license? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes: <input type="checkbox"/> ONLY DBA Name <i>or</i> <input type="checkbox"/> In Addition to Firm Name	
	DBA / Other Trade Name			

D BUSINESS STRUCTURE

<p>STATUS OF ORGANIZATION AND TYPE OF ENTITY</p> <p>Partnership, Corporate Officers, Managers and/or Members information</p>	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL - No employees <input type="checkbox"/> DOMESTIC CORPORATION		
	<input type="checkbox"/> FOREIGN CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP		
	<input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> COMMERCIAL FUNDRAISER <input type="checkbox"/> OTHER		
	Is business classified as a Nonprofit or Charitable Organization for educational, religious, or charitable purpose *28-2.03 Business License may not be necessary <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, attach proof of status (Statement from IRS or Secretary of State or equivalent)		
	<input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> CHARITABLE TRUST <input type="checkbox"/> NOT FOR PROFIT CORPORATION <input type="checkbox"/> EDUCATIONAL ORGANIZATION <input type="checkbox"/> RELIGIOUS ORGANIZATION		
Legal Business Name			
Date of Incorporation or Formation	State(s) or Tribe of Incorporation or Formation	Number of Corporate Officers, Members, or Partners:	
Number of Employees:	Are any Corporate Officers in Washington also Directors / Shareholders? <input type="checkbox"/> NO <input type="checkbox"/> YES		

<p>INCORPORATION, FORMATION, AND IDENTIFICATION OF OWNERS</p> <p>List owners (and spouse if married), partners, officers, members, or managers; attach separate sheet(s) if necessary.</p>	Name (Last, First, Middle)		Title and/or % owned	Home Telephone Number	
	Residence Address (Street or Route, P.O. BOX, City, State, Zip)				
	Name (Last, First, Middle)		Title and/or % owned	Home Telephone Number	
	Residence Address (Street or Route, P.O. BOX, City, State, Zip)				
	Name (Last, First, Middle)		Title and/or % owned	Home Telephone Number	
Residence Address (Street or Route, P.O. BOX, City, State, Zip)					

Is business affiliated with any other business(es), including subsidiaries? NO YES If yes, please explain affiliation (business relationship) – attach additional sheets if necessary:

List all **ACTIVE** Kalispel licenses held by business, including licenses held by business partners, managers, members, and/or affiliates. Indicate business name, license number, business type, and owner(s):

BUSINESS NAME	LIC #	BUSINESS TYPE	OWNER(S):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **INACTIVE** Kalispel licenses held by business, including any licenses previously held by business partners, managers, members, and/or affiliates. Indicate business name, license number, start/end year, and purpose of dissolution:

BUSINESS NAME	LIC #	YEARS LIC ACTIVE	PURPOSE OF DISSOLUTION:
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Is Business Bonded and Insured? NO YES If Yes; Provide current bonding and insurance information, including bond and insurance company name, account number, policy number, date effective, date of expiration, and bond and insurance amounts:

BOND COMPANY NAME	ACCT #	EFFECTIVE DATE	EXPIRATION DATE	BOND AMOUNT
_____	_____	_____	_____	\$ _____
INSURANCE COMPANY NAME	POLICY #	EFFECTIVE DATE	EXPIRATION DATE	INS. AMOUNT
_____	_____	_____	_____	\$ _____
INSURANCE COMPANY NAME	POLICY #	EFFECTIVE DATE	EXPIRATION DATE	INS. AMOUNT
_____	_____	_____	_____	\$ _____

E ADDITIONAL INFORMATION

"MOBILE" BUSINESS Does primary business activity include the operation of a vehicle / mobile unit traveling from place to place to offer sale of products? NO YES
If yes, attach a copy of a valid WA State Drivers License for each person operating vehicle / mobile unit within the exterior boundaries of the Kalispel Reservation, and a separate sheet providing description of all vehicles / mobile units used for this purpose. Description shall include at minimum the make, model, year, license number, color, and affixed signage, advertisement, and/or other identifying marker for each vehicle / mobile unit.

ALCOHOL / LIQUOR AND TOBACCO (Kalispel Tribal Law and Order Code) Does your business operations include manufacturing, distribution, and/or sale of alcohol or tobacco products? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach copies of document(s).	FOOD AND BEVERAGE (Kalispel Tribal Law and Order Code) Does your business prepare food and/or beverage goods for customer consumption? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach copies of document(s).
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COTTAGE FOOD PERMIT
Does your Business plan to sell cottage food to any Kalispel Tribal Businesses? NO YES If yes, attach Washington State Cottage Food Permit. If you do not have one please complete the Kalispel Cottage Food Permit Application.

TEMPORARY FOOD ESTABLISHMENT
Does your Business plan to operate a temporary food establishment? NO YES If yes, attach copy of Spokane County Temporary Food Establishment Permit.
 If you do not have a Spokane County Temporary Food Establishment Permit, please complete the Kalispel Tribe Of Indians Temporary Food Establishment Application.

AMUSEMENT CENTER
Does your Business have amusement games? NO YES If yes, attach copies of document(s).

VEHICLE DEALER
Are you a vehicle dealer? NO YES If yes, attach copies of document(s) 28-2.02(1) Business will require additional Vehicle Dealer's License

TRIBAL GAMING AGENCY
TGA: Vendors providing services at or for any of Kalispel owned Casino entities are required to obtain a vendors license issued by the Tribal Gaming Agency (TGA). For more information, contact the Kalispel Tribal Gaming Agency Office at 509-481-4120.

FOOD/BEVERAGE, LIQUOR, TOBACCO AND TAX REQUIREMENTS
Kalispel Cigarette Tax KLOC: LICENSE(S) REQUIRED
Kalispel Liquor License KLOC and Kalispel Liquor Regulations: LICENSE(S) AND INSPECTION REQUIRED
Lodging Tax KLOC 29-2.02 **Tourism Fee KLOC 29-2.03**
Business and Operation Tax KLOC 29-2.05 **Tribal Fuel Tax KLOC 29A**
INSPECTIONS: CONTACT THE KALISPEL LICENSING DIVISION TO SCHEDULE AT 509.481.4120
** Tribal Owned Businesses located in Usk are subject to Kalispel Tribal Law and Order Code.*

SUPPLEMENTARY DOCUMENT REQUIREMENTS
 The Kalispel Licensing Division may require proof of insurance, tribal enrollment, certification, permits, contracts, local, county, state, and federal licensure, vehicle registration, criminal background investigation, and additional information and/or documentation as defined in Kalispel Business License Title.

F SIGNATURE REQUIRED (Sole proprietor, partner(s), corporate officer(s), limited liability manager(s), or member(s))
Your signature attests to the accuracy of the information provided and that your business will comply with all applicable Tribal and Local Laws

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:
 I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE KALISPEL TRIBE AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS. I UNDERSTAND THAT THE KALISPEL TRIBE OF INDIANS ("TRIBE") IS A SOVEREIGN GOVERNMENT AND ENJOYS SOVEREIGN IMMUNITY FROM SUIT. I AGREE TO HOLD THE TRIBE, INCLUDING BUT NOT LIMITED TO THE TRIBE'S BUSINESSES AND EMPLOYEES, HARMLESS AND TO INDEMNIFY THE TRIBE FOR ANY ACTION RELATED TO THE ISSUANCE OF, OR WORK PERFORMED IN ACCORDANCE WITH, A TRIBAL LICENSE.

Signature X	Printed Name	Title	Date
Signature X	Printed Name	Title	Date
Application prepared by (Indicate if prepared by other than authorized owner, officer, manager, or member)		Telephone Number	
Signature of Preparer X		Title	Date

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PLANNING RECOMMENDATION: NO ADDITIONAL REQUIREMENTS PERMIT REQUIRED DENY

COMMENTS: _____

DATE: ___ / ___ / ___ PLANNER: _____