

Spirit Lake Tribe BUSINESS LICENSE APPLICATION *Licensing Department* P.O. Box 192 Fort Totten, North Dakota 58335-0192 Phone: (701) 766-1265/1269 Fax: (701) 766-1850

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Business Name (include ALL trade or d.b.a. nam	es)		
Street Address for Business			
County	State	Zip Code	
Mailing Address (if different from above)			City
County	State	Zip Code	
Telephone (Area Code #)		Fax (Area Code #)	
Website (if applicable)		Email Address	
IRS Federal Taxpayer ID or Social Security No	Number of	:	Date Established
Nature of Business to be done within the Spirit L Summary:			ription and check all applicable categories.
 CONSTRUCTION GAMBLING TOBACCO SALES LIQUOR/BEER NON-PROFESSIONAL SERVICE 	 PROFESSIO FUEL SALES LODGING FOOD/CON FRANCHISE 	CESSION	 RETAIL SALES/VENDING FIREWORKS MANUFACTURING SERVICE WHOLESALER OTHER
LOCATION (Describe the location/s on the reserv	vation where the bus	iness will be conduc	cted):
ON-SITE MANAGERS: Name/s:			Tel. No
OWNERSHIP			
TYPE OF BUSINESS ORGANIZATION			
	l Liability Partnership l Partnership*		ooperative*
* For corporations, cooperatives, limited partner form of organization, and for any sole owner or standing or a certificate of existence authenticat and registered to do business. (Attachment not	general partnership t ed by the registering	hat operates under officer of the Tribe	a trade name: attach a certificate of good or State where the business is organized

NAMES AND ADDRESSES OF ALL PERSONS OWNING 10% OR MORE OF THE BUSINESS AND ALL PERSONS HAVING MANAGEMENT RESPONSIBILITY FOR IT

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DATE FILED

Has the business ever operated or been known to operate under any other name(s), or in association or affiliation with any other organization(s) or entity(ies)? YES NO. If YES, please provide the name(s) & addresses your business was formerly known and/or the names of the entities or organizations with which your business was/is affiliated (including subsidiaries and affiliates):

OTHER LICENSES REGISTRATIONS, INSURANCE

Has the business or any of its owners or managers applied for a Business License with the Spirit Lake Tribe (formerly Devils Lake Sioux Tribe) before?

Yes NO. If yes, please indicate the date of the license issued______

Has the business or any of its owners or managers ever been denied a Business License with the Spirit Lake Tribe? 🗌 YES 👘 NO

Has the business, or any of its owners or managers ever been denied a license by any other tribal, state or the federal government? YES INO. If yes, identify the government(s) which denied the license and the type of license denied.

Attach copies of all licenses (state, county, city or tribal) currently held by the business.

Attach copies of any special licenses (e.g., public accountancy, engineering, architectural, contractor etc.) held by the business, its owners and managers and the persons who are responsible for providing services on behalf of the business.

If bonding is required by your company or under your contract, such as construction, attach a statement of the bonding limit from a surety company, specifying single job limit and aggregate limit.

Attach copies of the declaration pages for all insurance carried by the business (e.g., comprehensive, liability, worker's compensation, etc.)

Will the business be seeking Indian or other preference in any aspect of its operation?

YES
NO

ADDITIONAL INFORMATION REQUIRED FOR BUSINESSES SEEKING A PERMANENT LICENSE OR HAVING GROSS RECEIPTS EXCEEDING \$5000 PER YEAR

Has the business previously provided goods or services to the Spirit Lake Nation (formerly Devils Lake Sioux Tribe)? If yes, list the contracts the business held with the Tribal government. Indicate award date, agency name and description of work and dollar value.

Has the business previously provided goods or services to the federal government? \Box YES \Box NO. If yes, list the contracts held with Federal government. indicate award date, agency name and description of work and dollar value.

Has the business previously provided goods or services to the State government? \Box YES \Box NO. If yes, list the contracts held with the State government. Indicate award date, agency name and description of work and dollar value.

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Is the business, any owner or manager, or other person, such as a key employee with significant authority over the business, involved in any present or pending lawsuits? \Box YES \Box NO. If yes, provide the following information: name of individual, details of the suit, including current status, and provide a copy of documents that show the nature of the claim and the status of the case.

Does the business buy from, sell or use the service or facilities of any other concern which may have a financial or any other interest in the applicant's business: YES NO. if yes, provide the following information: name, title, business name and type of interest.

Does the business engage in the transportation or delivery of any materials, chemicals, hazardous waste, fuel or special fuels at the place of business? \Box YES \Box NO. If yes, please provide a listing describing what is transported or delivered, method of transportation, name or company involved in the delivery or transportation or services to applicant's place of business.

Is the business or any of the persons who own 10% or more of the business subject to any tax liens, unsatisfied judgments, or lawsuits? \Box YES \Box NO. If yes, describe the lien, unsatisfied judgment, and/or lawsuit and provide evidence of any repayment arrangements, proof of compliance with repayment arrangements, and latest status of lawsuits.

If the business will be operating at or from a specific site within the Spirit Lake Reservation, provide a copy of the (a) Lease/rental agreement for business site(s)/office(s), or (b) deed and/or purchase agreement for ownership of business site(s)/office(s), (c) if residence is used for business site/office, *a* letter so stating, or (d) any other document showing authorization for the business to be located on that property.

PROVIDE NAME/S, ADDRESS/ES AND SIGNATUREJS OF PERSONS WHO WILL ACCEPT SERVICE OF PROCESS ON BEHALF OF THE BUSINESS. (please print or type names). "By signing I certify that I will be the agent who will accept service of process on behalf of the named business."

Signature of above individual listed

TYPES OF BUSINESS LICENSE:Temporary(4) Four DaysSeasonal(3) Three MonthsPermanent:Renewable - (Annual)

FEE SCHEDULE: Temporary:

(4) Four Days -\$50.00 (3) Three Months -\$200.00 (I) One YEAR - \$500.00

ENCLOSE APPROPRIATE FEE/S WITH THE APPLICATION Make Checks payable to the Spirit Lake Tribe - Licensing Department P.O. Box 192 - Fort Totten, North Dakota 58335-0192

Seasonal:

Permanent:

<u>ALL APPLICANTS MUST</u> Provide signature on the Attached "Authorization, Certification and Notices" and complete "Consent to Jurisdiction."

AUTHORIZATION, CERTIFICATION AND NOTICES

Read the following paragraphs carefully. Your signature on the Spirit Lake Tribe Business License Application indicated acceptance and understanding of these conditions.

- A. <u>Authority to collect personal information</u>: The Spirit Lake Tribe is authorized to determine eligibility of applicant to conduct and operate businesses within the exterior boundaries of the Spirit Lake Reservation. The information submitted on the Spirit Lake Tribe, Business Application is used to determine personal and business eligibility for the privilege of conducting business on the Spirit Lake Reservation. Information submitted may be given to Federal, State and local agencies for law enforcement purposes.
- B. <u>Incomplete application</u>: If the application is not complete, the Spirit Lake Tribal Tax Department will return the application *to* you along with a listing of missing or incomplete documentation. You may then reapply when the application is complete.
- C. <u>Disclosure of information</u>: All information submitted in connection with the application may be disclosed to Federal, Tribal, State procurement agency considering furnishing contracts to this business.
- D. <u>Amendments of License Application</u>: Applicant agrees to file within 30 days of knowledge, the application of need to amend or change status of business license application Failure to do so may result in suspension of business license.
- E. <u>True and Complete statements</u>: By signing this application, you are certifying that all the information in your Business License Application, including attachments, is true and complete to the best of your knowledge and is submitted for consideration of Business Licensure.
- F. Each licensee will comply with all applicable tribal laws, regulations, ordinances, including but not limited to: tax laws, Indian employment and contracting preference laws, health and sanitation laws and consumer protection laws. The Tribe may, but need not, notify each licensee by regular mail of any additional tribal laws with which the licensee must comply as such laws are enacted by the Spirit Lake Council.
- G. Each licensee consents to the jurisdiction of the Spirit Lake Tribal Courts as to any cause of action arising in connection with the transaction of any business within the Spirit Lake Reservation, or any tortuous acts committed in connection with the transaction of any business within the exterior boundaries of the Spirit Lake Reservation.
- H. Each license consents to the service of process of the Tribal Court with respect to all actions over which the Tribal Court has subject matter jurisdiction.
- I. Each licensee shall respond in a timely manner to requests by the Tribal Tax Department for information about the licensee's business for the purpose of establishing whether the licensee is in compliance with the terms for conducting business on the Spirit Lake Reservation.

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I ACCEPT THE ABOVE STIPULATED CONDITIONS. I further acknowledge any false or misrepresented facts contained, shall be grounds for denial of the business license, subject to fines or penalties as provided by law.

Signature (Owner or Officer)

Date

Type or Print Signature

Date

Spirit Lake Tribe Tax Depa P0 Box 192 Fort Totten, N				
Business License Applicati				
NAME				
DATE FILED				
CONSENT TO JURISDICTIO	<u>N</u>			
STATE OF NORTH DAKOTA)	SS		
COUNTY OF BENSON)	33		
				am owner or officer of the above addition, I have authority and hereby do
consent to the jurisdiction business on the Spirit Lake			pirit Lake Tribal Court for all m	atters arising from the conduct of
Dated this	_ day of		20	
			Owner or Officer	
WITNESSED:				
Name				
Dated this	_ day of		20	