

Confederated Tribes of the Chehalis Reservation
Chehalis Planning Department
PO Box 536
Oakville, WA 98568
(360) 709-1806
Fax: (360) 273-9024



Business License Application

STAFF USE ONLY		
Permit No.	Intake By:	Date:
Fee Paid \$	Receipt #	
Type of License requested: Annual \$25 <input type="checkbox"/> Seasonal \$5 <input type="checkbox"/>	*Please note that a seasonal permit is valid for a maximum of 3 days. **Checks payable to Chehalis Tribe.	

Name: _____

Name of Business: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____

Email: _____

Have you previously had a Chehalis Business Permit? Please give us the year and name under which your most recent permit was issued. _____

Have you ever had a Chehalis Business Permit revoked? Yes No

Has your business ever operated under a different name? Yes No

If yes, please tell us the former name and address of the business or company

Purpose/Activities of Business:

If you are selling goods from your vehicle, please provide the year, make, and model, and license plate number of your vehicle:

Construction Contractor General <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Specialty <input type="checkbox"/>	Contractor License # _____ Bonded <input type="checkbox"/> Insured <input type="checkbox"/> Federal or State Tax ID # _____
Licensed Day Care Provider <input type="checkbox"/>	State License # _____ Federal or State Tax ID # _____
Auto Parts Recycler <input type="checkbox"/>	State License # _____ Federal or State Tax ID # _____
Wholesaler: Eagles Landing Hotel <input type="checkbox"/> Lucky Eagle Casino <input type="checkbox"/> Great Wolf Lodge <input type="checkbox"/> End of the Trail Stores <input type="checkbox"/> Other: _____	Federal or State Tax ID # _____

ACKNOWLEDGEMENT TO BE COMPLETED BY SOLE OWNER OR PRINCIPLE OFFICER

I certify that the statements made in this application are true. I understand that my business, including employees representing my business, must comply with the Chehalis Tribal Code and any applicable Federal laws while working within the boundaries of the Chehalis Reservation. Any license granted hereunder may be revoked with notice or formal hearing by the Planning Department or Business Committee upon their finding that an application has provided false information for a permit application or has violated any regulation of this ordinance. Revocation of a business license upon order of the Business Committee is final and conclusive. I understand that this license expires at the end of the calendar year and it is my responsibility to renew it prior to conducting any further business on the Chehalis Reservation.

Printed Name: _____

Signature: _____