Planning Department

Business License Application

Select ONLY one box

$50 ☐	***Annual Business License***	
$30 ☐	***Renewal*** **(Dec. 1- Jan. 31 ONLY)** **Must have had the previous year business license**	
$20 ☐	***Tribally Owned*** **(Must show Tribal ID)** ***Chore Worker***	***Tribal Community Event*** **(Non-Native business providing a service benefiting the community. Limited number of events a year)**

Business Information

Contact Name: _____ Business Name: _____

Mailing: _____ City: _____ St: ____ Zip: _____

Phone: _____ Email: _____

Description of Business

1. Please list the type of business you are conducting within the Chehalis Reservation: (construction, craft sales, consulting, etc.) _____

  Description of business or products: _____

2. Location(s) of business activities within the Chehalis Reservation (*including address if known*): _____

  Individual or department that the business is working with: (*if unknown leave blank*): _____

All business licenses are valid for a calendar year.

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, any applicable Federal laws and Planning Department Regulations while working within the boundaries of the Chehalis Reservation. Failure to comply can result in fines or revocation of the business license.** 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: _____ Date: _____

Signature: _____

APPLICATIONS MUST BE COMPLETED AND FEES PAID BEFORE PROCESSING