



# Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568  
**PHONE:** (360) 273-5911 **EMAIL:** mmedina@chehalistribe.org

<b>STAFF USE ONLY</b>	
Permit # _____	
Intake by: _____	Date: _____
Annual B.L. \$50 _____	
Renewal B.L.* \$30 _____	
Native Owned/Chore Worker/ Community Event \$20 _____	

## Business License Application

**Non Refundable fee is due upon submitting application**

Make checks payable to Chehalis Tribe or pay via PayPal at  
<https://www.chehalistribe.org/products/business-license>

### Business Information

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing : \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously had a Chehalis Tribal Business License? Yes  No

If yes, please give us the **year and name** your most recent permit was issued under

### Description of Business

- Please check all boxes that apply:  Retail  Food Service  Wholesale
- Professional Services  Entertainment  Hospitality  Consulting  Arts & Crafts
- Landscaping/Maintenance  Legal Services  General Contractor  Construction
- Other \_\_\_\_\_

Applications must be completed in full.  
Incomplete applications will not be processed.

1. List your business activities, including products and/or services being provided.

\_\_\_\_\_

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

3. Does your business provide construction services (general, electrical, mechanical, plumbing, other) Yes  No  If yes, please provide your contractor's license #

\_\_\_\_\_ Are you bonded? Yes  No  Insured? Yes  No

Federal Employer ID Number \_\_\_\_\_ State Business Number \_\_\_\_\_

**Location Where Business Activities Are Conducted**

Please tell us where on the Chehalis Reservation you will be conducting business activities. Check all that apply.

- Tribal Gov't. Which department? \_\_\_\_\_
- Grand Mound Businesses Which Entity: \_\_\_\_\_
- Great Wolf Lodge     Lucky Eagle Casino/Hotel     Tribal Enterprises
- End of the Trail Stores     Fireworks Wholesaler, Location: \_\_\_\_\_
- Other, please provide address: \_\_\_\_\_

**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: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*(Renewal Period December 15- January 31)

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Incomplete applications will not be processed.