



Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568
PHONE: (360) 709-1807 EMAIL: mmedina@chehalistribe.org

STAFF USE ONLY	
Permit # _____	
Intake by: _____	Date: _____
Annual B.L. _____	
Renewal B.L. _____	
Native Owned/Chore Worker/	
Community Event _____	

Renewal Fee: \$30

Business License Renewal 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 Name: _____

Contact Name: _____

Mailing: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

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

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

Check all that apply for the location of work: Tribal Gov't. Which Dept.? _____

Grand Mound Tribal Businesses Which Entity? _____

Great Wolf Lodge Lucky Eagle Casino/Hotel Chehalis 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: _____

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