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: _____________________________________________

☐ Was permission granted by land/business owner? Yes __ No __ If yes, who is the person who granted?: ___________________________

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.