Lummi Nation Cash Receipts Office 2665 Kwina Road Bellingham, WA 98226 Telephone: (360) 312-2195

Business License Application Form T-1

(Per 24.02 Lummi Nation Code of Laws)

\$100 Annual License Fee

Prorated fee schedule goes down \$25.00 quarterly.

April - Dec \$75 July - Dec \$50 Oct - Dec \$25

Checks can be made payable to:

"Lummi Indian Business Council or L.I.B.C"

Instructions: This form must be completed by the individual that is applying for the business license. All spaces must be filled out fully. Incomplete applications will not be processed. Print clearly and legibly. Please sign, date and return the original application and licensing fee to:

LIBC Cash Receipts Office, 2665 Kwina Road, Bellingham, WA 98226

Business Information Name of Applicant _____ Applicants Phone Number____ Business Name Business Phone Number (_____) Fax Number (_____) Business Address ______ City ____ State ___ Zip ____ Mailing Address _____ City___ State_ Zip _____ E-mail Address Business Opening Date ___/___ **Type of Business (Check ONE)** Sole Proprietorship Partnership Limited Liability Co Other What state or tribe was this business formed in? Is the business at least 51% owned by an enrolled Lummi tribal member(s)? \square Yes \square No Tribal Member Name_____ Enrollment #_____ Tribal Member Name______ Enrollment #_____ Tribal Member Name_____ Enrollment #____ Please check the **ONE** box which best describes the nature of your business. ☐ Wholesale Fireworks- \$250 □ Construction ☐ Legal Services ☐ Retail Fireworks- \$150 ☐ Professional Services ☐ Maintenance ☐ Arts & Crafts/Photography/Beading ☐ Fish Buyers- \$150 ☐ General Contractor ☐ Scrapping and/or Recycling □ Other ☐ Catering/Food Services

Please specify in <u>detail</u> the nature of your business:				
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	Lummi Na	tion - Business l	Phonebook	
			e provide the requested be onebook and it will be visit	
•	here, I give perm below in the Lummi Natio		ian Business Council to inc	clude the
	Name of Business (Requ	ired):		
	Telephone Number (Req	uired):		
	Address of Business (Op	tional):		
	Contact Person (Optional):		
	Regulations in the con	nduct of business ope	Nation Code of Laws a rations on the Lummi I f it is not signed below)	ndian reservation.
Signature of Licer	nsee	Printed name		Date Signed
ome phone ()_		Cell Phone ()	
OR OFFICE	E USE ONLY			
ate Filed/ Date License Issued/ Expiration Date/				
ee Paid \$	Receipt #		Issued By	
us License #		CK#		
not approved, wh	y?		Notification Mailed	_//