

SHIWITS BAND OF PAIUTE INDIAN TRIBE OF UTAH

SHIWITS BAND RESERVATION



6060 West 3650 North
Ivins, Utah 84738
Phone: 435-668-8997

TRIBAL BUSINESS LICENSE APPLICATION

Name of Organization:				
Type of License:	<input type="checkbox"/> Annual	<input type="checkbox"/> Temporary		
Type of Business:	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Construction	<input type="checkbox"/> Other
	<input type="checkbox"/> Utility	<input type="checkbox"/> Distribution & Warehouse	<input type="checkbox"/> Services	
Organizational Structure:	<input type="checkbox"/> State Government	<input type="checkbox"/> Tribal Corporation	<input type="checkbox"/> Tribal Section 17	<input type="checkbox"/> Other Tribal Entity
	<input type="checkbox"/> State C Corp	<input type="checkbox"/> State S Corp	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> State LLC
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Other:	<input type="checkbox"/> Single Member LLC
Federal Employer Identification number:			Social Security Number: (if sole proprietor)	
Legal Business Name:	Doing Business As (DBA) – Name:			
Date Incorporated & Location where Incorporated:	Tax Year End:			
Organizer/Agent Information:				
Name of Business: _____				
Contact Person: _____				
Title: _____				
Mailing Address: _____				
City: _____ State: _____ Zip: _____				
Physical Location: _____				
Telephone No.: _____ Mobile No.: _____				
Fax No.: _____ E-mail Address: _____				

I certify that I am authorized as an owner, partner, agent or other duly authorized representative, to make the statements herein, and certify the foregoing is true and correct to the best of my knowledge. I acknowledge and agree that the laws the Shivwits Band of Paiutes apply to the proposed activity on the Shivwits Reservation, and hereby consent to the jurisdiction of the Shivwits Band of Paiutes, and affirm that I am making a consensual relationship with the Band, and acknowledge that my proposed activity directly impacts the Shivwits Band's interests in political integrity, economic security, and health & welfare.

Duly Authorized Agent Signature: _____

Print or typed Name: _____

Date: _____