

Pascua Yaqui Tribe of Arizona

Business License Application

BUSINESS LICENSE APPLICATION

SECTION I. BUSINESS INFORMATION

<input checked="" type="checkbox"/> New PYT Business License	<input type="checkbox"/> Renewal	PYT Business License # _____	<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change
<input checked="" type="checkbox"/> Annual Business License (\$150)	<input type="checkbox"/> Peddler License (\$50.00)	<input type="checkbox"/> Short-Term Business License (\$50.00, 2days or less)	<input type="checkbox"/> Temporary Business License (\$75.00, 7days or less)	<input type="checkbox"/> Seasonal Business License (\$100.00, 3months or less)
Type of Business Formation:	<input type="checkbox"/> Individual (Sole Proprietorship)	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation: S Corp or C Corp State Inc. #: _____
Business Name, "Company or DBA", if Individual (Last, First, Middle) John Doe's Landscape				
Business Address	Direction	Street Name	St Title	Suite/Apt#
2020 W. Eagle DR.				
City	State	Zip Code	(Area Code) Telephone#	
Tucson	AZ	85716	000-000-0000	
(Area Code) Fax #	Email Address	Federal EIN:	State EIN (if applicable):	
	johndoeslandscape@yahoo.com	00-0000000		
Describe Nature of Business:		Are you a registered contractor?		
Landscape Services		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contractors# 000000		
Is this an Indian Owned Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Tribe name: Enrollment #:		Number of employees in a calendar year?: 4		Gross Sales for Prior Calendar Year? \$ 5000

SECTION II. BUSINESS OWNER INFORMATION

Name: John Doe			
Address: 2020 W. Eagle DR.			
City: Tucson	State: Az	ZIP Code: 85716	
Phone: 000-000-0000	Fax:	E-mail: johndoeslandscape@yahoo.com	
% Owned: 100	Title: Owner	Is this an Indian Owned Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, Tribe name: Enrollment #:
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
% Owned:	Title:	Is this an Indian Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Tribe name: Enrollment #:

SECTION III. STATUTORY AGENT INFORMATION

Name:			
Address:			Phone:
City:	State:	ZIP Code:	E-mail:

SECTION IV. SIGNATURES

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Pascua Yaqui Tribe. Incomplete forms may not be processed. Applications must be signed by Corporate officer, owner/member, or all partners. Issuance of Business License does not limit, alter, modify, or waive the need for a business to obtain all licenses and permits required by applicable law. Additional permits and licenses may be necessary before a person may lawfully conduct business.

Print Name (s): John Doe	Signature (s): John Doe	Title (s): Owner	Date: 1/1/2023
Print Name (s):	Signature (s):	Title (s):	Date: