



**WALKER RIVER PAIUTE TRIBE TAXATION DEPARTMENT
APPLICATION FOR A BUSINESS LICENSE**

Name of Business Tax I.D. No. / S.S. Number

Mailing Address City/State Zip Code

Business Phone Number & Fax Home Phone Number E-Mail

NAME OF OWNER (S): _____

LOCATION: _____

BRIEF DESCRIPTION OF SERVICES OR ITEMS TO BE SOLD:

LICENSE TYPE:
Annual License (1 Year) \$75.00 _____
Temporary (3 Months) \$40.00 _____
Peddler Permit (1 Day) \$20.00 _____

PLEASE CHECK ONE:
Walker River Tribal Member _____
Native American _____
Non-Native American _____

PLEASE CHECK ONE:
Association Corporation
Joint Venture Sole Proprietor
Partnership Other _____
Explain: _____

I HEREBY CERTIFY that the information provided on this application is true and complete to the best of my knowledge. I further hereby certify that I have read the Application Procedures criteria and the Tribal Business License Code of the Walker River Paiute Tribe, and do hereby submit to the Jurisdiction provided for therein and shall abide by all applicable laws.

Applicants Signature/Print

Date

Authorizing Signature-Walker River Tax Department

Date of Approval