



Fort Belknap Indian Community Fort Belknap TERO Department

Fort Belknap Agency
656 Agency Main Street
Harlem, MT 59526

PH: 406-353-8454 / 406-353-8437

Fort Belknap Indian Community
(Tribal Govt.)

Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

Office Use Only

Date Received: _____

Received By: _____

BUSINESS LICENSE APPLICATION

FIRM IDENTIFICATION:

Name of Firm (*exactly as it is intended to appear on all documents*):

Firm's Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Phone Numbers: _____
(Office) (Fax) (Cell / Message)

Firm's Contact Person: _____ Title: _____

Email Address: _____

Type of Business: _____ Single Business _____ Vendor _____ Joint Venture
_____ Corporation _____ Non-Profit

Intent of Business: _____

Federal Identification Number: _____ Year Established: _____

OWNERSHIP:

A. Type of Ownership:

_____ Sole Proprietorship

_____ Partnership (attach copy of any partnership agreements, with all amendments, since the creation of partnership).

_____ Corporation (attach copy of the certificate of incorporation, Articles of Incorporation and By-Laws including all amendments since the creation of the corporation).

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OWNERSHIP (cont'd.):

B. Percentage of Ownership: _____

C. Provide for each Indian Owner: name, address, tribal affiliation, enrollment number, percentage of ownership, amount of investment in the firm, method of investment (cash, equipment, loan or promissory note indicating who the loan is from), percentage of voting control and position in firm.

I/We, hereby swear and affirm, under the penalty of Law, that the facts contained in this application are true, correct and complete to the best of my(our) knowledge:

(Printed Name) (Signature) Date:

(Title)

(Printed Name) (Signature) Date:

(Title)