## -PASCUA YAQUI TRIBE-

#### TRIBAL EMPLOYMENT RIGHTS OFFICE

### APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR THE PASCUA YAQUI RESERVATION/TRIBAL LAND

| 1. Name of Business: Tax ID #:  2. Form of Business: (Corporation, Partnership, Sole Proprietorship, Other)  3. If Corporation: Where Incorporated  Date of Incorporation  4. Business Location(s) Phone  City/State/Zip FAX  5. Email Address:   | Date:                    |   |   |
|---|--------------------------|---|---|
| 3. If Corporation: Where Incorporated   | 1. Name of Busin         | iess:                                     | Tax ID #:                                       |
| 3. If Corporation: Where Incorporated   | 2. Form of Busin         | less:<br>Corporation, Partnership, Sole F | Proprietorship, Other)                          |
| Date of Incorporation   | `                        | corporation, raismersimp, soile r         | ropriesorsmp, outer)                            |
| 4. Business Location(s)   | 3. If Corporation        | 1: Where Incorporated                     |   |
| City/State/Zip  | Date of Incorpora        | tion                                      |   |
| 5. Email Address:   | 4. Business Loca         | tion(s)                                   | Phone   |
| 6. Type of Business:  | City/Stat                | ze/Zip                                    | FAX   |
| 7. Owner(s):  Tribal Member: YesNoTribe:  8. Address of Owner(s)  9. Number of employees during prior Calendar Year:  IndiansNon-Indians  10. Gross Sales for Prior Calendar Year \$  11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for Current License Year: \$  12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name:Phone: | 5. Email Address:        |   |   |
| Tribal Member: YesNoTribe:  | 6. Type of Busine        | ess:                                      |   |
| 8. Address of Owner(s)  9. Number of employees during prior Calendar Year:  Indians Non-Indians  10. Gross Sales for Prior Calendar Year \$  11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for Current License Year: \$  12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name: Phone:   | 7. Owner(s):             |   |   |
| 9. Number of employees during prior Calendar Year:  Indians Non-Indians  10. Gross Sales for Prior Calendar Year \$  11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for Current License Year: \$  12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name: Phone:   | Tribal Member: Y         | Yes No Tı                                 | ribe:   |
| Indians Non-Indians  10. Gross Sales for Prior Calendar Year \$  11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for Current License Year: \$  12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name:Phone:  | 8. Address of Ow         | vner(s)                                   |   |
| 10. Gross Sales for Prior Calendar Year \$  | 9. Number of em          | ployees during prior Calenda              | r Year:   |
| 11. Amount of Anticipated Sales, Contracting Activity or Sub-Contracting Activity Planned for Current License Year: \$  | Indians                  | Non-Indians                               | <del></del>                                     |
| Current License Year: \$  12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name: Phone:  | 10. Gross Sales for      | r Prior Calendar Year \$                  |   |
| 12. If a Corporation, provide Name, Address, and Phone of Statutory Agent:  Name:Phone:   | 11. Amount of An         | ticipated Sales, Contracting A            | ctivity or Sub-Contracting Activity Planned for |
| Name:Phone:   | <b>Current License Y</b> | Year: \$                                  |   |
|   | 12. If a Corporation     | on, provide Name, Address, ar             | nd Phone of Statutory Agent:                    |
| Address   | Name:                    |   | Phone:  |
|   | Address                  |   |   |

# —PASCUA YAQUI TRIBE— TRIBAL EMPLOYMENT RIGHTS OFFICE



#### **BUSINESS LICENSE APPLICATION**

I UNDERSTAND THAT THE GRANTING OF A BUSINESS LICENSE AND PAYMENT OF THE LICENSING FEE DOES NOT GRANT ANY PERSON OR ENTITY THE AUTHORIZATION TO WORK OR CONDUCT BUSINESS ON THE PASCUA YAQUI INDIAN RESERVATION OR TRIBAL LANDS.

AUTHORIZATION TO WORK OR CONDUCT BUSINESS IS NOT GRANTED UNTIL THE APPLICANT:

- 1. Obtains a work permit from the Tribal Employment Rights Office (TERO), and if necessary, executes a Contractor's Agreement for Indian Employment Preference; and
- 2. Obtains a Tribal and/or State Gaming License for work or services for the Casino of the Sun/Casino Del Sol.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief.

| Signature of Applicant   | Date       |       |
|--------------------------|------------|-------|
| d.b.a                    |            |       |
|                          |            |       |
| FOR PASCUA YAQUI FINANCE | OFFICE USE | ••••• |
| FOR PASCUA YAQUI FINANCE | OFFICE USE |       |