OFFICE USE:

Blackfeet Nation

Department of Revenue/Commerce

P.O. Box 850, Browning, MT 59417

Phone: (406) 338-5545

Email Address: revenue@blackfeetnation.com

Construction Application

(Please make sure your application is completed- signature, dated, and attached with the required paperwork, etc.)

****Regardless of when your business license was purchased, it will EXPIRE on January 31 of every year.**

Part I: Personal/Con tact Information

Date: _____

Name of Business/Company(dba): _____

Name of Owner(s): _____

Is Owner a Blackfeet enrolled member? _____ Yes _____ No

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Website Address: _____

FEIN# or SS# _____ Number of Employees: _____

Opening date of business (w/in exterior boundaries of the Blackfeet Reservation) _____

****

Part II: Type of Business (please check one)

☐ **Prime Contractor** ☐ **General Contractor** ☐ **Sub-Contractor**

1. Prime Contractor
Definition: A company or person who holds a direct contract with the project owner or client

2. General Contractor (GC)
Definition: The main manager who oversees day-to-day construction operations on a building or remodeling site

3. Subcontractor
Definition: An independent specialist hired by the prime or general contractor to perform a specific part of the job

_____ Sole Proprietor _____Partnership _____ Limited Partnership _____ Corporation _____ LLC

** Note: List project supervisor(s) information:

Name	Title	Email Address	Telephone

**PLEASE NOTE: You are required to register and complete a process with the Blackfeet TERO office.

** Awarding Agency_____ Awarding Amt. $_____
** Project: _____ Project location_____

**The following documents are required at the time of submission of application

1. Application
2. Proof of Insurance
3. Excise/Construction Tax form with payment (Prime Contractor)
4. Copy of Compliance Plan (will need for every awarded job throughout the season and can be emailed in)

Insurance Information:

Insurance Company: _____ Type of Insurance: _____
Address: _____ City: _____ State: _____ Zip: _____
Bonding Agency: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

****

Part III. Certifications & Responsibilities (please initial)

_____Upon signing this application and receipt of this license you are hereby agree to abide by ALL Tribal, Federal and all other applicable laws, including, but not limited to employment, assessments, levy of execution, collection of fees and taxes, health/safety and environmental codes, inspections, applicable commercial codes, penalties and fines.

_____The license fee shall be payable to the Department of Revenue for the Blackfeet Tribe. Such license shall be displayed in a conspicuous and public location of the licensee's place of business or shall be in possession of the license while conducting or operating a business activity within the exterior boundaries of the Blackfeet Indian Reservation. No business shall open or conduct any type of business, without first obtaining a business license issued by the Department of Revenue and pay all applicable fees.

**Late fees/penalties: Thereafter, your business will begin to incur a late fee of $50.00 per violation, per day. This is accordance with Chapter II, Section 2, subsection 2.7: Effect of NON-Compliance:
"Failure on the part of any person to comply with the provision of this code shall subject such person to a civil penalty of a fine, not to exceed Fifty dollars ($50) for each violation. Each day's failure to comply with any of the provisions of this License Code shall constitute a separate violation."

Part IV. Fees & Revenue contact information

Payment Options: (Check or money order)

****Non-Residential**: Address is located off the exterior boundaries of the Blackfeet Reservation**
****Residential**: Address is located on the exterior boundaries of the Blackfeet Reservation.**

Type of Business	Non-Residential	Residential	*ONLY NEW BUSINESSES* are subject to *APPLICATION FEE*
Prime Contractor	**$500.00**	**$100.00**	**+$50.00**
General Contractor	**$350.00**	**$100.00**	**+$50.00**
Sub-Contractor	**$250.00**	**$100.00**	**+$50.00**

Documents can be submitted prior, to:

General Email: Revenue@blackfeetnation.com

Mailing address: **Blackfeet Revenue Department**
P.O. Box 850
Browning, MT 59417

Physical address: **#6 Old Person Road**
Attn: Dept. of Revenue
Browning, MT 59417

Part V. All questions must be answered

****Please answer all questions and provide any documentation that may be helpful.**

1. Has this individual/group been granted a license/permit with the Blackfeet Tribe in the past? _____ Yes _____ No
2. If yes, please provide date of last license/permit granted _____
3. Has the individual/group ever held any other type of business license/permit with the Blackfeet Tribe? _____ Yes _____ No
4. Has the individual/group ever conducted any other type of business within the boundaries of the Blackfeet Reservation? _____ Yes _____ NO
5. Does the individual/group owe the Blackfeet Tribe any fines/fees/penalties from the past? _____Yes _____ NO - Amount of fine/penalty _____, Date of fine/penalty_____
6. Has the individual/group ever been violation of any Tribal Ordinances, while conducting business within the exterior boundaries of the Blackfeet Reservation? _____ Yes _____ No
7. How long have you been in business? _____(days) _____(months)_____(years)

****

Part VI. Acknowledgement

____ I certify that the information provided is true and correct and that all documentation has been submitted to the best of my knowledge.
____ I certify that I **have NOT** purposely provided any false/misleading information to the Department of Revenue.
____I certify that I **have read** all information and agree with all terms set forth by the Blackfeet Tribe and the Blackfeet Revenue Department

____ I certify that I have submitted all required documentation along with my application.

_____ _____
Owner Signature Date

_____
Owner Print

(Note: If there is any part of the application or its process incomplete the application will be denied)

DO NOT WRITE BELOW THIS LINE (for administrative use only)

****

Application complete _____ Application Incomplete _____ Application Denied _____

Administrative Asst. Initials _____ Date: _____ Time: _____

Director Signature: _____ Date: _____ Time: _____

Comments:
_____
_____
_____
_____