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| **Blackfeet Nation**  **Department of Commerce**  **PO Box 850, Browning, Montana 59417**  **Business License Application**  ***Part I: Application Information Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Name of Business | | | |
| Owner Enrolled Tribal Member Yes □ No □  AddressState Zip  City  Fax  E-mail  Phone | | | |
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| FEIN # or S.S.# Number of Employees | | | |
| Opening date of business within the exterior boundaries of the Blackfeet Tribe | | | |
| Mgr/Contact Person Phone | | | |
| Location of Business | | | |
| ***Part II: Type of Business***  Please describe in detail your type of business | | | |
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| □ Sole Proprietorship □ Corporation □ Partnership □ Non-Profit □ Other  Note: If Corporation or Partnership please provide information  NAME TITLE ADDRESS TELEPHONE | | | |
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| ***Part III: Insurance***  Insurance Company Type of Insurance | | | |
| Address City State Zip  Bonding Agency  Phone | | | |
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| Address City State Zip  ***Part IV: Certifications & Responsibilities***  Upon signing this application and receipt of this license you hereby agree to abide by all Tribal, Federal and 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 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 licensee while conducting or operating a business activity within the exterior boundaries of the Blackfeet Indian Reservation. Failure to secure a license within thirty days of initial conduct of business may result in fines and penalties per Blackfeet Tribe's Ordinance 86 Chapter II/Business License Code; Resolution 10 and 10A.  **I certify that the above information is true and accurate to the best of my knowledge. I understand it is a $50.00 annual fee good for one year. The annual effective dates are from January 1 thru December 31.**  Signature: Date: | | | |
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| PROCESSED BY:\_\_\_\_\_\_\_\_\_\_ | | | |