

TOHONO O'ODHAM NATION
Application for Transaction Privilege Tax License

Before retailers can lawfully engage in business on the Tohono O'odham Reservation they must obtain a license from the Tohono O'odham Nation (Ordinance No. 03-81). This application must be completely filled out and will be processed by the Treasurer of the Tohono O'odham Nation, P.O. Box 837, Sells, Arizona 85634, Phone number: (520) 383-1800.

REASON FOR APPLICATION (PLEASE CHECK ONE):

Please use ink

New License Name Change Location Change Additional Location Other: _____
 Renewal TON License No. _____ * Submit a W-9 form with application

Did you have a previous TON Transaction Privilege Tax License: Yes No If Yes, List: _____

Type of Ownership

Individual (Sole Proprietor) Limited Liability Company (LLC) Corporation State of Inc: _____
 Partnership Limited Liability Partnership (LLP)
Date of Partnership/Joint Venture: Other (please explain) Date of Inc: _____

State of Arizona Contractors License No. _____ Date of Issue: _____

PART A: Legally Recognized Name of Business and Mailing Address

Name of Business: _____ Employer ID# (EIN or SS#) _____
Mailing Address of Business: _____ City: _____
State: _____ Zip Code: _____ Business Phone: _____ E-mail: _____
Is your Business Located: on the reservation off the reservation
Detailed description of your business activity: _____

Location of Business activity on the TON: _____
Date business started on the TON: _____ Date sales began on TON: _____

PART B: Physical Location of Business (if more than one, list all other on separate sheet)

Business Street Address or Description to Physical Location: _____
City: _____ State: _____ Zip: _____
For Prime Contractors: Project Name: _____ Estimated Project Term: _____
** Provide a List of Subcontractors for the Project to Treasurer's Office.*

PART C: Identification of Owner (and spouse if married), Partners, Corporate Officers, Members and/or Managing Members or Officials (if more space is needed, attach a separate sheet)

Name (Last, First, M.I.)	Title	% Owned	Phone No.	Enrolled TON Tribal Member? If yes, ID No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART D: Other

- Has this company done any type of business with or on the Tohono O'odham Nation?
 No (go to question #4) Yes
- If yes to question #1, what type of Business and when?
Is the business in arrears of any taxes under the transaction privilege tax ordinance? Yes No
- What type of business is this? Retail Are you selling tobacco products? Yes No
 Contractor, is the business a prime contractor? Yes No Professional Service
 Vendor/Merchandise Service Other
- If this is a prime contractor business, have you submitted a payment bond for the amount of estimated taxes?
 Yes No If no, please explain: _____

- 5) What types of good or services are you offering? _____
- 6) Was this business previously owned? No Yes
 What is the previous owner's name? _____
- 7) If you own more than one business will you file: Separate Reports Consolidated Reports
- 8) Type of accounting method to be used for reporting purposes: Cash Accrual

PART E: Physical Location of Records for Audit Purposes:

- 1) Name of person to contact for audits: _____
- 2) Street Address or Description to Physical Location: _____
 City _____ State _____ Zip _____
- 3) Phone Number: _____ Email Address: _____

PART F: Signatures (If you purchased the business, it is your responsibility to ensure that all taxes have been paid by the former owner(s). Under the law you may be liable for any unpaid transaction privilege taxes).

MUST BE SIGNED BY A SOLE PROPRIETOR (INDIVIDUAL), OR TWO PARTNERS, OR TWO CORPORATE OFFICERS, OR MEMBERS RO MANAGING PARTNERS.

Under penalty of perjury, I/we declare the information given on this document is true and correct, and that I/we will not violate the Transaction Privilege Taxes Ordinance of the Tohono O'odham Nation while engaging in business on the Tohono O'odham Nation. By signing I acknowledge and understand the Tax Ordinance and the tax process.

Signature: _____ Signature: _____
 Title: _____ Date: _____ Title: _____ Date: _____

Signature: _____ Signature: _____
 Title: _____ Date: _____ Title: _____ Date: _____

PART G: Note

Each application must be accompanied with a \$5.00 fee, payable respectively to the Tohono O'odham Nation.

FOR OFFICE USE ONLY
Transaction Privilege Tax License

On the basis of the foregoing application and payment of the required fees, licenses are hereby issued for a period of five (5) years form the date of issue to the foregoing applicant or for the term of the project for prime contractors.

<p>TOHONO O'ODHAM NATION</p> <p>License Number: _____</p> <p>Date of Issue: _____</p> <p>By: _____ TREASURER OF THE TOHONO O'ODHAM NATION</p>	<p>License Type</p> <p><input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor</p> <p><input type="checkbox"/> Retail <input type="checkbox"/> Service</p> <p><input type="checkbox"/> Professional Services <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Vendor/Merchandise</p>
---	--

Fee: _____ Date of Payment: _____

Information emailed