SENECA NATION OF INDIANS APPLICATION FOR LICENSE TO DO BUSINESS BUSINESS CODE of 1988 WITHIN THE SENECA NATION TERRITORY

Please submit two copies of this form to: Clerk, Seneca Nation of Indians

1. Name, Address & Telephone of Applicant:

2. Business Name, Address & Telephone:

3.	Tribal Member:	Yes:	No:	

4. Tribal Enrollment number of Individual listed in Line 1:

5. Date business began or will begin operating on the Reservation:

6.	Address where books and	
7.	Location(s) of Business:	
8.	Description of business, if no	t exclusively cigarette or automotive fuel sale business, please
	specify:	
9.	Title of Organization:	
	Husband/Wife Co-Ow	nership
	Sole Proprietorship	
	Partnership	
	Corporation	
	Joint Venture	
	Other	

10. If a corporation, list tribe or state of incorporation: _____

11. Certification No: ______

	Name	Address		Title	Percent Ownership
1.					
0.			(Attach additional s		
13. Type of (If for	of corporation: reign corporat	: tion, name, and a	address of statutory a	igent who sha	ll be Reservation resident)
14. Corpor (Attacl	ration Charter hed)		Yes	No	
15. Corpor (Attacl	ration By-Law hed)	VS	Yes	No	
16. Board (Attacl	membership I hed)	List	Yes	No	
17. Previo	us Application	nPrevio	ous License	Date:	
18. Dates	of Previous Li	icensed Periods:			
19. Numbe	er of Employe	es: Indian	Non-Indian	Year: _	
20. Has ap	plicant submi	tted proof of ind	lemnification for per	sonal injury o	r property damage through
busine	ss operation?				
21. Is appl	icant a partici	pant in Flood In	surance Program?		
22. Has ap	plicant been c	convicted of a fe	lony in any court in t	the U.S. or an	y state or territory?
If yes	explain:				

12. If a corporation or partnership, list names and addresses of all corporate officers or partners:

NOTICE: LEGAL SIGNATURE REQUIRED

Sole Proprietorship – owner must sign Husband and Wife Co-ownership – both husband and wife must sign Partnership – All partners must sign Corporation – list all officers and signature of all persons and one corporate officers including the officer(s) on application. Joint Venture – authorized signature of all persons and one corporate office organizing joint venture.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I (we) understand that any material misrepresentation will result in the denial or subsequent revocation of any business license. I (we) agree, based on the consensual and contractual relationship with the Seneca Nation, to abide by all applicable laws, regulations, and. rules of the Seneca Nation of Indians. I (we) also consent to the jurisdiction of the Courts of the Seneca Nation of Indians for the purpose of enforcing any laws, regulations, or rules governing this business license or the conduct of any business within the Seneca Nation of Indians' territories

Home Address Printed Name Signature T	Printed Name	Signature	Title
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Printed Name Signature T	Printed Name	Signature	Title
Printed Name Signature T Home Address	Home Address		
Home Address	Printed Name	Signature	Title
	Home Address		
Printed Name Signature T	Printed Name	Signature	Title