CHEYENNE-ARPAHO TAX COMMISSION
APPLICATION FOR BUSINESS LICENSE

Every person who is required to obtain a tribal business license must submit a written application to the Tax Commission. The applicant must submit with his or her application a fee of $25.00. If the application is granted, this $25.00 application fee will be credited toward the annual business license fee.

1. Name of Applicant: ____________________________________________

2. Type of Business: _____________________________________________

3. Is the Business a Partnership: _____, if yes, what are the names and residence address of all partners:
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

4. Is the business a corporation: _____, if yes, what are the names and residence address of the officers and major stockholders of the corporation:
   Names: ____________________________  Address: ____________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

5. Type and Coverage of all Insurance Policies of the Business
   _____________________________________________________________

6. Place of Applicants business: ____________________________________

7. Address or other description of all locations where business will be conducted
   _____________________________________________________________

8. Name and address of an agent of the business who lives or works on tribal lands and who will accept services of legal process for the applicant
   _____________________________________________________________


10. Other Tax Commission needed information: _________________________