



Skokomish Indian Tribe

Tribal Center (360) 426-4232

N. 80 Tribal Center Road

FAX (360) 877-5943

Skokomish Nation, WA 98584

BUSINESS LICENSE APPLICATION

Complete all sections, on both sides of the application. Missing or illegible information may delay the application process. All applications must be signed and dated.

Name of Business - DBA:

Location(s) of Business:

Form of Business (check one) Sole Proprietorship ☐ Non-profit ☐
Partnership ☐ (Limited liability? yes no) Corporation ☐ (Limited Liability? yes no)

Type of Business (check all that apply) Wholesale ☐ Retail ☐ Manufacture ☐
Food Service ☐ Real Estate ☐ Construction ☐ Professional Service ☐
Service Other (explain) ☐

Description of Business/Trade

Names and Addresses of all owners:

Name:	
Address:	
phone #	e-mail:
Name:	
Address:	
phone #	e-mail:
Name:	
Address:	
phone #	e-mail:
Name:	
Address:	
phone #	e-mail:

Tribal Member

yes ☐ no ☐

yes ☐ no ☐

yes ☐ no ☐

yes ☐ no ☐

Office Use Only

ID Type
#

ID Type
#

ID Type
#

ID Type
#

Have any owners previously done business on the reservation? yes ☐ no ☐

If yes, name of Business(s). _____

By virtue of entering into a consensual relationship with the Skokomish Tribe I recognize that I am consenting to the jurisdiction of the Tribal Court for all matters that arise in connection with the licensed business.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Name and Address of Person/Agent qualified to accept service of process: _____

phone # _____

cell # _____

Fax # _____

e-mail _____

Have you obtained an Environmental review if necessary? yes ☐ no ☐ If yes, date: _____

Do you certify that you have obtained all appropriate licenses and certifications from the state (i.e. professional or medical license, daycare certification, etc.)? yes ☐ no ☐

License, UEI or certification number, expiration date, and Type: _____

Prospective contractors must be registered and in "Active" status in SAM.gov (<https://www.sam.gov>) prior to submission of an offer and must remain registered through the date of award. Offerors shall enter their Unique Entity Identifier (UEI) on the offer. Offers from entities that are not actively registered in SAM at the time of submission or at the time of award will not be considered for award.

Type of license requested (select one)

Temporary (7 days or less) ☐ \$10

Seasonal (three months or less) ☐ \$25

Permanent (more than three months) ☐ \$50

Office Use Only

Chk # cash rcd

Chk # cash rcd

Chk # cash rcd

Permanent licenses must be renewed yearly by submitting a renewal form and fee.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I certify that I am not forbidden from doing business in the State or on the Reservation. Further, I will comply with all tribal laws and regulations.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

This is only an application to do business on the Skokomish Indian Reservation. The Skokomish Tribe cannot guarantee the goods or services provided pursuant to a tribal business license.