



**Swinomish Indian Tribal Community**  
 Office of Planning & Development  
 11430 Moorage Way La Conner WA 98257  
**BUSINESS LICENSE APPLICATION**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Trade Name: \_\_\_\_\_ New Business

Mailing Address: \_\_\_\_\_ License Renewal

Business Address: \_\_\_\_\_ Change Ownership

Owner(s)/Partner(s) or Officers Title Residence Address Change of Name

Ownership: Individual

Partnership

Corporation

Non-Profit

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Type of Business:  
 Retail  Wholesale  Soliciting  Personal Services  Home Occupation? Yes  No   
 Manufacturing  Real Estate  Financial Services  Other  Special Event? Yes  No

Description of Business: \_\_\_\_\_

If no fixed address, location of operation: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Within the last 10 years, have you been the subject of any civil or criminal judgments or actions? Yes  No

If Yes, please explain: \_\_\_\_\_

Will hazardous or flammable materials be stored or used on the business site? Yes  No

If Yes, type and quantity: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

**Important Information- Please Read And Sign Below**

<p><b>Non-Refundable Fee Must Accompany License Renewal</b></p> <p><b>Validated license will be mailed</b></p> <p><b>Make Checks Payable to SITC</b></p>	<p><b>I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief; I am aware that any violation of Swinomish Indian Tribal Community Code will be cause for termination of the business license.</b></p> <p>Signature _____ Date _____</p> <p>Title _____</p>
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Amount Paid	Date Paid	Cash / Check #	By:	Insurance:	License #