

BUSINESS LICENSE APPLICATION
UTE INDIAN TRIBE
P.O. BOX 70
FORT DUCHESNE, UT 84026

BUSINESS INFORMATION:

Corporation _____ Partnership _____ Proprietorship _____ Joint Venture _____

Association or Club _____ Other (Describe) _____

Business Name: _____

Business Address: _____

Local Business or Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Business Activity Description: _____

Utah State Contractors License No. (Attach Copy) _____

Federal Identification No: _____ Number of employees: _____

Number of Vehicles: _____ Number of Semis: _____

Number of present employees who are enrolled members of the Ute Indian Tribe: _____

Names of addresses of Officers, Partners, Joint Ventures or other holding an interest of the business.

<u>Names</u>	<u>Address</u>	<u>Phone</u>	<u>% Owned or held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accounting Period (for audit purpose only) _____

Detail information of ownership of building and equipment used in operation of your business.

	<u>Type of Acquisition</u>	<u>Name of seller, lessor, or landlord</u>
Building	_____ Purchased	_____
	_____ Lease/Purchase/Rent	_____
Equipment	_____ Purchase	_____
	_____ Lease/Purchase/Rent	_____

Additional Business Location/Activities Subject to Business License and Fee:

<u>Address</u>	<u>Type of Business</u>	<u>License No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS HISTORY:

Have you operated any business activity that required a business license issued by any state, local or tribal agency? If so, list all:

<u>Business Name</u>	<u>Address</u>	<u>Date of Operation</u>	<u>Licensing Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT INFORMATION (Contact person designated to act on behalf of the Reservation business):

Name _____

Address _____

Telephone Number _____ Social Security Number _____

Date of Birth _____

(Application Information continued)

If different from the individual identified above, please identify the individual designated to Act on behalf of the Reservation business including filing any changes or updates of information in this application required under Ordinance No. 95-002.

Name _____

Address _____

Telephone Number _____ Social Security Number _____

Date of Birth _____

SIGNATURES:

I authorize the Ute Indian Tribe to make the necessary inquires and investigations of my employment, financial, and criminal history, and other related matters to arrive at a decision for approval or disapproval. I hereby release employers, schools, law enforcement agencies, or other person from all liability in responding to inquiries in connection with this application.

Owner

Address

Manager

Address

This application must be submitted to the Energy & Minerals Department of the Ute Indian Tribe together with a fee in accordance with the following schedule. Cash will not be accepted. Please pay with check, cashier's check, or money order. **A processing fee of \$25 will be assessed.**

PAYMENT INFORMATION			
Business License Fee	\$400	Tribally Own Business	\$300
Vehicles 0 to 5	\$50	Semis 0 to 5	\$65
Vehicles 6 to 10	\$75	Semis 6 to 10	\$80
After 10 Vehicles \$50 per vehicles		After 10 Semis \$55 per Semis	
Employees	Fee	Employees	Fee
0 through 5	\$100	11 through 15	\$300
6 through 10	\$175	16 or more	\$350

Note Completion of application and payment of license fee does not constitute approval of Business License. Application must be approved before license is issued and before business can be conducted.