



Gila River Indian Community - Business License Application

Business License and Tax Office

P.O. Box 2160 , Sacaton, AZ 85147

Phone: (520) 562-9670 Email: GRICBusinessLicense@gric.nsn.us

I. Type of Application (§13.204) Type of License (§13.207)

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Renewal, License <input type="checkbox"/> Update, License	<input type="checkbox"/> Annual License - Non Member - Fee \$150.00 <input type="checkbox"/> Annual License - GRIC Enrolled Member - Fee \$5.00 GRIC Member Number _____ <input type="checkbox"/> Special Event - Fee \$50.00 Event Date: _____ To: _____
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II. Type of Ownership (§13.206)

<input type="checkbox"/> Individual <input type="checkbox"/> Partnership - <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company State of Registration _____ Date _____	<input type="checkbox"/> Association <input type="checkbox"/> Not for Profit Organization Attach IRS Letter of Determination <input type="checkbox"/> Corporation <input type="checkbox"/> C Corp <input type="checkbox"/> Sub S State of Incorporation _____ Date _____
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III. Business Information (§13.202-§13.203)

1) Legal Business Name: _____ 3) Business Name or DBA Name: _____ 6) Business Address: _____ City/State _____ Zip Code _____ 8) In Care Of or Attention: _____	2) Employer ID Number (EIN) _____ 4) Contact Name _____ 5) Email Address _____ 7) Mailing Address _____ 9) Direct Phone Number _____ Ext _____ 10) Is your Business Located on the Gila River Indian Community (GRIC) <input type="checkbox"/> Yes <input type="checkbox"/> No 11) Detailed description of business activity (Describe business activity: principal product manufactured, commodity sold, or services performed) _____ 12) Location of business activity and/or Event Name occurring on GRIC _____ 13) Date business started on GRIC _____ 14) Date Sales Began on GRIC _____ 15) Estimated Gross Sales _____ 16) Filing Method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 17) Do you have a previous GRIC Business License: <input type="checkbox"/> Yes - If Yes, License # _____ <input type="checkbox"/> No
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IV. Identification of Owner (and spouse, if married) Partners, Corporate Officers, Members, and/or Managing Members or Officials (if more space is needed - attach a separate sheet) (§13.423)

Name (Last, First, M.I.)	Title	% Owned

V. Individuals Authorized to Receive Business License Information not Listed Above (§13.423)

Name (Last, First, M.I.)	Title (if applicable)

VI. Location of Tax Records (by whom and where your records are kept) (§13.412)

Name of Company	Point of Contact and Email Address
Address (City, State, and Zip Code)	Direct Phone Number

VII. Business Purchase Information (§13.432)

Did you buy an existing business? Yes No

If yes, did that business conduct business on the Gila River Indian Community? Yes No

Did the business have a license issued by the Gila River Indian Community? Yes No

Previous Business Name	Previous Owner's Name
Previous Business Owner's Address	Previous Owner's Phone Number
	GRIC Business License Number

VIII. Consent to Liability - Please Initial - Required for Licensing Approval :

You will receive a copy of Title 13 of the GRIC Code with your license. This is an acknowledgement that you are responsible for reading Title 13, and consent to the liability for and payment of all taxes imposed by it, as it may be amended by the GRIC Community Council in the future.

IX. Signature(s) by Individuals Legally Responsible for the Business

This application must be signed by a sole owner, two partners, two corporate officers, members, and/or managing members, the trustee, receiver or personal representative of an estate.

Under penalty of perjury, I (we) declare that the information on this document is true and correct. I understand that giving false information could result in disapproval and/or revocation of my business license.

Type or Print Name	Title	Signature	Date
		x	
		x	