

APPLICATION
FOR
COEUR D'ALENE TRIBE BUSINESS LICENSE

CDA Tribe, TERO Department
P.O. Box 408
Plummer, Id. 83851
Fax: 208-686-0734

NAME OF OWNER(S)

PHYSICAL ADDRESS CITY STATE ZIP

PHONE NUMBER E-MAIL CELL PHONE

NAME OF OWNER(S)

PHYSICAL ADDRESS CITY STATE ZIP

PHONE NUMBER CELL PHONE

TRADE/BUSINESS NAME USED (IF ANY)

MAILING ADDRESS OF BUSINESS CITY STATE ZIP

OFFICE PHONE NUMBER OFFICE FAX NUMBER

- PLEASE ATTACH A DESCRIPTION OF THE TYPE OF BUSINESS
- DESCRIBE THE LOCATIONS ON THE COEUR D'ALENE RESERVATION AT WHICH THE BUSINESS WILL BE CONDUCTED:

- ATTACH THE TRIBAL MEMBERSHIP AND ENROLLMENT NUMBER, IF APPLICABLE, FOR THE OWNER(S) OF THE BUSINESS.
- ATTACH A LETTER OF THE PERCENTAGE OF OWNERSHIP OF THE BUSINESS FOR EACH OWNER IF THERE IS MORE THAN ONE OWNER OF THE BUSINESS.
- INCLUDE A \$100.00 CHECK OR MONEY ORDER FOR THE BUSINESS LICENSE FEE.

BY SIGNING APPLICATION, I AM SUBJECT TO THE COEUR D'ALENE TRIBAL LAW & ORDER CODE, CHAPTER 40-BUSINESS LICENSES. AND FULLY UNDERSTAND THAT THE COEUR D'ALENE TRIBE DOES NOT WAIVE ITS SOVEREIGN IMMUNITY BY ACTING UNDER THIS CHAPTER AND EXPRESSLY DOES NOT WAIVE ITS SOVEREIGN IMMUNITY BY ISSUING BUSINESS LICENSES OR TEMPORARY BUSINESS PERMITS.

SIGNATURE OF OWNER(S)

DATE

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DATE