

**SPIRIT LAKE TRIBE**  
**BUSINESS LICENSE APPLICATION**  
*Licensing Department*  
P.O. Box 192  
Fort Totten, North Dakota 58335-0192  
Phone: (701) 766-1265/1356 Fax: (701) 766-4592

**BUSINESS INFORMATION**

1. Business Name (include ALL trade or d.b.a. names) \_\_\_\_\_
2. Street Address for Business \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone (Area Code #) \_\_\_\_\_ Fax (Area Code #) \_\_\_\_\_  
Website (if applicable) \_\_\_\_\_ Email address \_\_\_\_\_
5. IRS Federal Taxpayer ID or Social Security No. \_\_\_\_\_ Number of Employees \_\_\_\_\_ Date established \_\_\_\_\_
6. Nature of Business to be done within the Spirit Lake Reservation. Provide summary description and check all applicable categories. Summary: \_\_\_\_\_  
\_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CONSTRUCTION             | <input type="checkbox"/> PROFESSIONAL    | <input type="checkbox"/> RETAIL SALES/VENDING |
| <input type="checkbox"/> GAMBLING                 | <input type="checkbox"/> FUEL SALES      | <input type="checkbox"/> FIREWORKS            |
| <input type="checkbox"/> TOBACCO SALES            | <input type="checkbox"/> LODGING         | <input type="checkbox"/> MANUFACTURING        |
| <input type="checkbox"/> LIQUOR/BEER              | <input type="checkbox"/> FOOD/CONCESSION | <input type="checkbox"/> SERVICE WHOLESALE    |
| <input type="checkbox"/> NON-PROFESSIONAL SERVICE | <input type="checkbox"/> FRANCHISE       | <input type="checkbox"/> OTHER                |

7. LOCATION (Describe the location/s on the reservation where the business will be conducted):  
\_\_\_\_\_
8. ON-SITE MANAGER/S: Name/s: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP**

9. TYPE OF BUSINESS ORGANIZATION

- |  |   |                                       |                                       |
|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sole Owner          | <input type="checkbox"/> Limited Liability Partnership* | <input type="checkbox"/> Cooperative* | <input type="checkbox"/> Corporation* |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership*           | <input type="checkbox"/> Other*       |                                       |

\* For corporations, cooperatives, limited partnerships, limited liability partnerships, limited liability companies, and any other similar form of organization, and for any sole owner or general partnership that operates under a trade name: attach a certificate of good standing or a certificate of existence authenticated by the registering officer of the Tribe or State where the business is organized and registered to do business. (Attachment not required for sole owners and partnerships which operate under their own names.)

10. NAME/S AND ADDRESS/ES OF ALL PERSONS OWNING 10% OR MORE OF THE BUSINESS AND ALL PERSONS HAVING MANAGEMENT RESPONSIBILITY FOR IT

_____	_____
_____	_____
_____	_____

11. Has the business ever operated or been known to operate under any other name(s), or in association or affiliation with any other organization(s) or entity(ies)? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, Please provide the name(s) & address/es your business was formerly known and/or the names of the entities or organizations with which your business was/is affiliated (including subsidiaries and affiliates):  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER LICENSES, REGISTRATIONS, INSURANCE**

12. Has the business or any of its owners or managers applied for a Business License with the Spirit Lake Tribe (formerly - Devils Lake Sioux Tribe) before?  
YES \_\_\_\_\_ (If yes, please indicate the date of the license issued \_\_\_\_\_) NO \_\_\_\_\_
13. Has the business or any of its owners or managers ever been denied a Business License with the Spirit Lake Tribe? YES \_\_\_\_\_ NO \_\_\_\_\_
14. Has the business, or any of its owners or managers ever been denied a license by any other tribal, state or the federal government? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, identify the government(s) which denied the license and the type of license denied.)  
\_\_\_\_\_  
\_\_\_\_\_
15. Attach copies of all licenses (state, county, city or tribal) currently held by the business.
16. Attach copies of any special licenses (e.g., public accountancy, engineering, architectural, contractor etc. ) held by the business, its owners and managers and the persons who are responsible for providing services on behalf of the business.
17. If bonding is required by your company or under your contract, such as construction, attach a statement of the bonding limit from a surety company, specifying single job limit and aggregate limit.
18. Attach copies of the declaration pages for all insurance carried by the business (e.g., comprehensive, liability, worker's compensation, etc.)
19. Will the business be seeking Indian or other preference in any aspect of its operation.  
YES \_\_\_\_\_ NO \_\_\_\_\_.

**ADDITIONAL INFORMATION REQUIRED FOR BUSINESSES SEEKING A PERMANENT LICENSE OR HAVING GROSS RECEIPTS EXCEEDING \$5000 PER YEAR**

20. Has the business previously provided goods or services to the Spirit Lake Nation (formerly Devils Lake Sioux Tribe)? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, list the contracts the business held with the Tribal government. Indicate award date, agency name and description of work and dollar value.
21. Has the business previously provided goods or services to the federal government?  
YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, list the contracts held with Federal government. Indicate award date, agency name and description of work and dollar value.
22. Has the business previously provided goods or services to the State government?  
YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, list the contracts held with the State government. Indicate award date, agency name and description of work and dollar value.

23. Is the business, any owner or manager, or other person, such as a key employee with significant authority over the business, involved in any present or pending lawsuits? YES \_\_\_\_ NO \_\_\_\_\_. If yes, provide the following information: name of individual, details of the suit, including current status, and provide a copy of documents that show the nature of the claim and the status of the case. \_\_\_\_\_
24. Does the business buy from, sell or use the service or facilities of any other concern which may have a financial or any other interest in the applicant's business: YES \_\_\_\_ NO \_\_\_\_\_. If yes, provide the following information: name, title, business name and type of interest. \_\_\_\_\_
25. Does the business engage in the transportation or delivery of any materials, chemicals, hazardous waste, fuel or special fuels at the place of business? YES \_\_\_\_ NO \_\_\_\_\_. If yes, please provide a listing describing what is transported or delivered, method of transportation, name or company involved in the delivery or transportation or services to applicants place of business. \_\_\_\_\_
26. Is the business or any of the persons who own 10% or more of the business subject to any tax liens, unsatisfied judgments, or lawsuits? YES \_\_\_\_ NO \_\_\_\_\_. If yes, describe the lien, unsatisfied judgment, and/or lawsuit and provide evidence of any repayment arrangements, proof of compliance with repayment arrangements, and latest status of lawsuits.
27. If the business will be operating at or from a specific site within the Spirit Lake Reservation, provide a copy of the (a) Lease/rental agreement for business site(s)/office(s), or (b) deed and/or purchase agreement for ownership of business site(s)/office(s), (c) if residence is used for business site/office, a letter so stating, or (d) any other document showing authorization for the business to be located on that property.

PROVIDE NAME/S, ADDRESS/ES AND SIGNATURE/S OF PERSON/S WHO WILL ACCEPT SERVICE OF PROCESS ON BEHALF OF THE BUSINESS. (please print or type names). "By signing I certify that I will be the agent who will accept service of process on behalf of the named business".

Signature/s of above individual listed

Signature    "            "            \_\_\_\_\_

Signature    "            "            \_\_\_\_\_

Signature    "            "            \_\_\_\_\_

**TYPES OF BUSINESS LICENSE:**

Temporary:        (30) Thirty Days  
Permanent:        Renewable – (Annual)

**FEE SCHEDULE:**

Temporary:        (30) Thirty Days - \$100.00  
Permanent:        (1) One YEAR - \$250.00

ENCLOSE APPROPRIATE FEE/S WITH THE APPLICATION  
*Make Checks payable to the Spirit Lake Tribe – Licensing Department*  
*P.O. Box 192 – Fort Totten, North Dakota 58335-0192*

ALL APPLICANTS MUST Provide signature on the Attached "Authorization, Certification and Notices and Complete Consent to Jurisdiction.

AUTHORIZATION, CERTIFICATION AND NOTICES

Read the following paragraphs carefully. Your signature on the Spirit Lake Tribe Business License Application indicated acceptance and understanding of these conditions.

- A. Authority to collect personal information: The Spirit Lake Tribe is authorized to determine eligibility of applicant to conduct and operate businesses within the exterior boundaries of the Spirit Lake Reservation. The information submitted on the Spirit Lake Tribe, Business Application is used to determine personal and business eligibility for the privilege of conducting business on the Spirit Lake Reservation. Information submitted may be given to Federal, State and local agencies for law enforcement purposes.
- B. Incomplete application: If the application is not complete, the Spirit Lake Tribal Tax Department will return the application to you along with a listing of missing or incomplete documentation. You may then reapply when the application is complete.
- C. Disclosure of information: All information submitted in connection with the application may be disclosed to Federal, Tribal, State procurement agency considering furnishing contracts to this business.
- D. Amendments of License Application: Applicant agrees to file within 30 days of knowledge, the application of need to amend or change status of business license application. Failure to do so may result in suspension of business license.
- E. True and Complete statements: By signing this application, you are certifying that all the information in your Business License Application, including attachments, is true and complete to the best of your knowledge and is submitted for consideration of Business Licensure.
- Each licensee will comply with all applicable tribal laws, regulations, ordinances, including but not limited to: tax laws, Indian employment and contracting preference laws, health and sanitation laws and consumer protection laws. The Tribe may, but need not, notify each licensee by regular mail of any additional tribal laws with which the licensee must comply as such laws are enacted by the Spirit Lake Council.
  - Each licensee consents to the jurisdiction of the Spirit Lake Tribal Courts as to any cause of action arising in connection with the transaction of any business within the Spirit Lake Reservation, or any tortious acts committed in connection with the transaction of any business within the exterior boundaries of the Spirit Lake Reservation. Each licensee consents to the service of process of the Tribal Court with respect to all actions over which the Tribal Court has subject jurisdiction.
  - Each licensee shall respond in a timely manner to requests by the Tribal Tax Department for information about the licensee's business for the purpose of establishing whether the licensee is in compliance with the terms for conducting business on the Spirit Lake Reservation.

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I ACCEPT THE ABOVE STIPULATED CONDITIONS. *I further acknowledge any false or misrepresented facts contained, shall be grounds for denial of the business license, subject to fines or penalties as provided by law.*

\_\_\_\_\_  
Signature (Owner or Officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Signature

\_\_\_\_\_  
Date

CONSENT TO JURISDICTION

STATE OF NORTH DAKOTA )  
 )  
 ) SS  
COUNTY OF BENSON )

I, \_\_\_\_\_, certify that I am owner or officer of the above Business and that the business will comply with all tribal laws applicable to the business. In addition, I have authority and hereby do consent to the jurisdiction and service of the process of the Spirit Lake Tribal Court for all matters arising from the conduct of business on the Spirit Lake Indian Reservation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

Owner or Officer

WITNESSED: \_\_\_\_\_  
Name

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.