



2025

Yakama Nation Department of Revenue **GROUP** Courtesy Permit Application Packet

TEMPORARY 3-DAY TEMPORARY 1 WEEK

CHECKLIST MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED.
PURSUANT TO R.Y.C. CHAPTER 32.118, T-111-14, CA#007-2023-9 & CA#30-2023-1

- ☐ APPLICATION COMPLETE
- ☒ LIST OF NAMES FOR EACH PERSON A PART OF GROUP (**NOT TO EXCEED 10 PEOPLE**)
- ☐ COPY OF STATE DRIVERS LICENSE/ID CARD FOR EACH PERSON IN GROUP
- ☐ COPY OF ENROLLMENT CARD OF ENROLLED YAKAMA MEMBERS ACCOMPANYING/PART OF GROUP
- ☐ PAYMENT MADE PAYABLE TO: **Yakama Nation Dept. of Revenue**
- ☐ IN THE AMOUNT OF:
TEMP. 3-DAY PERMIT: \$120.00 PLUS \$5.00 PROCESSING FEE
OR
TEMP. 1 WEEK PERMIT: \$250.00 PLUS \$5.00 PROCESSING FEE
- ☐ EMAIL TO: revenue@yakama.com
- ☐ MAIL TO: YN DOR PO BOX 151 TOPPENISH, WA 98948
- ☐ DROP OFF: 401 FORT RD. TOPPENISH, WA 98948 (**DEPT. OF REVENUE ROOM 205**)

It is the RESPONSIBILITY of the Enrolled Member/YN Program or Enterprise to ensure the application is COMPLETE and ALL supporting documentation is included in the packet. Incomplete applications will NOT be processed until it is complete with supporting documents. In order to protect our valued customers we will not store personal identifiable information, please resubmit all supporting documents needed with the application in order for it to be complete.

Missing documents is considered incomplete.



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

DEPARTMENT OF REVENUE
Non-Refundable Non - Transferable

FY25

CP NO: _____

YAKAMA NATION
SPECIAL COURTESY (CLOSED AREA) **GROUP** PERMIT APPLICATION

___ New ___ Renewal

___ TEMPORARY 3-DAY - **\$125 Administrative Fee**
___ TEMPORARY 1 WEEK - **\$255 Administrative Fee**

Specify time period: Beginning Date: _____ Ending Date: _____

1. Permittee's Group Name: _____ Phone#: _____
(PRINT)
2. Address of Group Organization: _____
3. Enrolled Member: _____ Enrollment Number: _____
4. YN Program Sponsor OR Business Name w/YN License #: _____
5. Contact Person: _____
6. Telephone No: _____ Cell No: _____
7. Route of Entry –Destination/Location:
☐ Mill Creek Guard Station ☐ Old Maids ☐ Glenwood
Other (specific area(s): _____

Special Courtesy Type:

- ☐ Youth Education Group or Boy/Girl Scout
- ☐ Religious Group
- ☐ Special Group*
- ☐ Other: _____

8. **Purpose(s) of Entry:** _____

Additional documentation required for approval purposes **(Contract, Committee Action, Business License, Memo/Letter)**

9. Auto Make/Model/Year/License Plate Number(s): **If more than 6 vehicles, please attach list**

MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____
MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____
MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____
MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____
MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____
MAKE: _____	MODEL: _____	YEAR: _____	COLOR: _____	PLATE#: _____

ACCOUNT # 4301-0103-9030-0000

Post Office Box 151, 401 Fort Road, Toppenish, WA 98948 (509)865-5121 ext. 6028
revenue@yakama.com

