



YAKAMA NATION DEPARTMENT OF REVENUE
RENEWAL
BUSINESS LICENSE APPLICATION
LICENSE EFFECTIVE DATES: JANUARY 1 TO DECEMBER 31

Email: revenue@yakama.com

Telephone: (509) 865-5121 ext. 6091, 6069, 6028

Remit check/ money order in the amount of \$205

Made payable to: Yakama Nation Department of Revenue

Debit/ Credit accepted, *excludes* American Express



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

DEPARTMENT OF REVENUE

Dear Yakama Nation Business License Holder:

Thank you for your consideration of a Yakama Nation business license and compliance with Revised Yakama Code (RYC 30.02) *which states all business activity within the exterior boundaries of the Yakama Nation are required to have a **Yakama Nation Business License**.*

Please complete and update any information as needed. Your non-refundable payment of \$205 will be made payable to: Yakama Nation Department of Revenue and mailed through normal mail delivery or FedEx for faster deliver time.

For **mail** delivery:

Yakama Nation Department of Revenue
Attn: Business License
P.O. Box 151
Toppenish, WA 98948

For **FedEx** delivery:

Yakama Nation
Department of Revenue Rm #138
401 Fort Rd
Toppenish, WA 98948

Please remember, all businesses doing business with the Yakama Nation and/or its entities/enterprises must comply with all requirements requested by such entities/enterprises.

Our success is possible due to the established relationships between your business and the Yakama Nation or its enterprises. Moving forward, we strive to adhere to a prompt delivery of service and communication in a professional matter.

For further inquiries, please contact our office at revenue@yakama.com or by telephone at (509) 865-5121 extension 6091, 6069, 6028, or 6037.

Respectfully,

Yakama Nation Department of Revenue
P.O. Box 151
Toppenish, WA 98948
(509) 865-5121 ext. 6091

**YAKAMA NATION DEPARTMENT OF REVENUE****BUSINESS LICENSE RENEWAL APPLICATION****\$205 (NOT PRO-RATED AND NON-REFUNDABLE)***Please type or print in black or blue ink***BUSINESS LICENSE #****YN-_____-25****OFFICE USE ONLY****FEE MUST ACCOMPANY APPLICATION – ALL BUSINESS LICENSES EXPIRE DECEMBER 31st**

YAKAMA NATION LICENSE NUMBER:		APPLICATION DATE:	
INCORPORATED UNDER LAWS OF: (STATE/TRIBE)		DATE OF INCORPORATION:	
BUSINESS NAME:		DBA:	
TYPE OF BUSINESS/SERVICE OR MERCHANDISE OFFERED:			
BUSINESS MAILING ADDRESS:			
BUSINESS PHYSICAL ADDRESS:			
BUSINESS CONTACT NAME:		BUSINESS CONTACT TITLE:	
BUSINESS PHONE NUMBER:	FAX NUMBER:	CELL PHONE:	
EMAIL:			
FEDERAL EMPLOYER IDENTIFICATION (EIN):		UNIFIED BUSINESS IDENTIFIER (UBI)	

PRIMARY NATURE OF BUSINESS

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Govt.
<input type="checkbox"/> Fiduciary/Trust	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Sole Proprietor	<input type="checkbox"/> Non-Profit	

CONTRACT/PROJECT WITH YAKAMA NATION**YAKAMA NATION ENTERPRISE/PROGRAM NAME (PLEASE SPECIFY):****(IF APPLICABLE): YAKAMA NATION GAMING COMMISSION (LEGENDS CASINO) VENDOR #**

CONTACT NAME:	PHONE NUMBER:
CONTACT EMAIL:	

CONTRACTOR INFORMATION

STATE LICENSE NUMBER:	EXPIRATION DATE:	CONTRACTOR TYPE:	
		<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPECIALTY

OWNERSHIP (MUST BE COMPLETED)

NAME	TITLE	% OWNED	TRIBE/ENROLLMENT

OPERATION INFORMATION

IS THE BUSINESS:	<input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> PRE-EXISTING STRUCTURE	IF APPLICABLE: ZONING PERMIT NUMBER	<input type="checkbox"/> ON RESERVATION <input type="checkbox"/> OFF RESERVATION	ZONING REP. INITIALS
LEGAL DESCRIPTION:	ZONING FEE PAID?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DOES THE BUSINESS MANUFACTURE, DISTRIBUTE, SELL, OR DELIVER THE FOLLOWING?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOBACCO	TOBACCO PERMIT #
<input type="checkbox"/> YES	<input type="checkbox"/> NO	PETROLEUM/FUEL/PROPANE	FUEL PERMIT#

APPLICANT SIGNATURE

By signature, the applicant certifies they: (a) are a designated representative of the name business listed in this application; (b) have authority to bind the business to the terms and conditions set forth herein; (c) authorize the Yakama Nation to perform background checks and obtain information and credit reporting sources, other investigative bureaus and federal/state agencies, including law enforcement; and (d) give permission to third-parties to disclose any information requested by the Yakama Nation as part of its business license background check. Any untruthful or misleading answers made in connection with this business license application may be cause for denial of this application or revocation of any granted business license. Application for a business license include agreement to comply with all applicable federal and tribal laws, ordinances, rules and regulations, and consent to tribal court jurisdiction for matters arising out of business conducted in whole or in part, on the Yakama Nation Reservation, or otherwise conducted with a tribal governmental entity or enterprise.

SIGNATURE X	PRINTED NAME	TITLE	DATE
SIGNATURE X	PRINTED NAME	TITLE	DATE

UPON APPROVAL WOULD YOU LIKE THE BUSINESS LICENSE TO BE MAILED OR PICKED UP:

<input type="checkbox"/> MAIL	<input type="checkbox"/> PICK UP AT DEPT. OF REVENUE
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ACCOUNT #0109.9034.4302

FORM SUBJECT TO CHANGE WITHOUT NOTICE

PO BOX 151 / 401 FORT RD TOPPENISH, WA 98948
(509) 865-5121 ext. 6091, 6069, 6028, OR 4650

OFFICIAL USE ONLY

<input type="checkbox"/> YN Cash Receipt # _____	APPLICATION REVIEWED FOR PROCESS BY: DOR STAFF	
<input type="checkbox"/> Check/Money Order# _____	DOR STAFF INITIALS AND DATE: X	REVIEWED BY: X
<input type="checkbox"/> EMAILED: _____	COMMITTEE APPROVAL: LAW & ORDER COMMITTEE CHAIR/MEMBER SIGNATURE	
<input type="checkbox"/> PICK UP BY: _____	<input type="checkbox"/> APPROVED	
<input type="checkbox"/> MAILED BY: _____ DATE: _____	<input type="checkbox"/> DISAPPROVED	
<input type="checkbox"/> DATE SCANNED: _____	<input type="checkbox"/> APPROVED WITH CONDITIONS	
	SIGNATURE X	DATE:
YN- _____ -25		



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DEPARTMENT OF REVENUE – Authorized Signature Form – FY25

Business Authorization

PLEASE PRINT

Name: _____ Phone: _____ Date: _____

Company: _____

I _____ do hereby authorize,

_____ to do business on my behalf:

<input type="checkbox"/>	Pick up documents: Courtesy Permit(s), Business License(s), Articles of Inc., Tobacco Permit, Fuel Permit
<input type="checkbox"/>	Provide/request information for Business license/Articles of Incorporation
<input type="checkbox"/>	Provide financial information in regards to Fuel/Tobacco
<input type="checkbox"/>	Pay Hotel/Fuel/Tobacco Tax
<input type="checkbox"/>	Purchase/Pick up Tobacco Stamps
<input type="checkbox"/>	Renew Vehicle Tabs/Registration
<input type="checkbox"/>	Apply for Motor Vehicle Plates
<input type="checkbox"/>	Transfer Motor Vehicle Plates
<input type="checkbox"/>	Other:

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<input type="checkbox"/>	Apply for Motor Vehicle Plates
<input type="checkbox"/>	Transfer Motor Vehicle Plates
<input type="checkbox"/>	Other:

I understand that it is my responsibility to update this authorization form, in person as an individual or by mail/email for company, as changes occur. I also understand I release the Department of Revenue and its employees of all liability, in the case of lost documents, lost license tabs, lost registrations, and lost permits because of compliance with this authorization.

X

Signature

Date