2027

YAKAMA NATION DEPARTMENT OF REVENUE

NEW

BUSINESS LICENSE APPLICATION

LICENSE EFFECTIVE DATES: JANUARY 1 TO DECEMBER 31

PURSUANT TO R.Y.C. CHAPTER 30.02.01

BUSINESS LICENSE

Email: revenue@yakama.com

Telephone: (509) 865-5121 ext. 6091, 6037, 6028

Remit check/money order in the amount of $205

Made payable to: Yakama Nation Department of Revenue

Debit/Credit accepted via phone/in person, ***excludes*** American Express

Dear Yakama Nation Business License Applicant:

Thank you for your consideration of a Yakama Nation business license and compliance with the Revised Yakama Code (RYC 30.02), *which states that all business activity within the exterior boundaries of the Yakama Nation is 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 delivery.

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

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 prompt delivery of service and communicate in a professional manner.

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

Respectfully,

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

Getting Started

☐ 1. **Complete the Yakama Nation Business License application, write N/A if not applicable. Incomplete applications will not be processed.**

☐ 2. **If an enrolled member of a Tribe, provide a copy of the Enrollment Card**.

☐ 3. Is the business incorporated? If so, with the Yakama Nation or with a state? And when? Provide a copy of the certificate of incorporation.

☐ 4. Name of business

☐ 5. Doing Business as (DBA), if applicable.

☐ 6. What are the hours of operation? Days of operation? Number of employees, including the owners.

☐ 7. What is the business mailing address? If there is a parent company, please note that the business license needs to be displayed at the place of business.

☐ 8. What is the location address of the business if it is different from the mailing address?

☐ 9. Who is the person of contact for the business and their title?

☐ 10. What are the business phone number, fax number, cell phone, and email? *Please list the email of the person YN Department of Revenue will be corresponding with. This ensures the renewal notice will reach the person responsible for completing the application.*

☐ 11. Check the Primary Nature of Business, e.g. sole proprietor, individual (no employees), corporation, etc.

☐ 12. Is the business a non-profit? If yes, please provide copies of 501 (C) (3) status. If not, check the no box.

☐ 13. Is the business working with any enterprises listed or a program of the Yakama Nation? If working with a program such as Fisheries, Wildlife, Water Code, etc. please list the program name and the name of the contact person at that department, their phone number, and email.

☐ 14. Copy of Certifications (If applicable, e.g. electrical, HVAC, plumbing, food handlers, etc.).

☐ 15. Copy of Insurance (If applicable, the insurance company can send certificate of insurance to: Yakama Nation Department of Revenue, Attn: Business License, PO Box 151 Toppenish, WA 98948).

☐ 16. Copy of Bond (If applicable, the insurance company can send certificate of insurance to: Yakama Nation Department of Revenue Attn: Business License PO Box 151 Toppenish, WA 98948).

☐ 17. Who owns the business? Please provide name, address, social security number, business title, percentage of ownership, if applicable, name of tribe and enrollment number.

☐ 18. Please check yes or no if the business stores flammable or hazardous materials, has an automatic sprinkler or a fire alarm system, and if there are security alarms or cameras at the place of business.

☐ 19. Will the business be hiring employees? ***Is the business Yakama-owned? If so, the business will need to comply with TERO, Their information is listed on the application for further inquiries.***

☐ 20. Is the business located within the exterior boundaries of the Yakama Nation? The Regulatory Affairs Specialist will take the application to Yakama Nation Zoning on your behalf.

☐ 21. If the business is a Licensed Vendor of the Yakama Legends Casino, please provide a copy of your Vendor's License. Follow all requirements of Yakama Legends Casino.

☐ 22. ***If the business is working with ANY Yakama Nation Enterprise or its Programs, the business is REQUIRED by Yakama Law to obtain a Yakama Nation business license.***

☐ 23. Please list NAICS Code and the secondary code if applicable.

☐ 24. ***Does the business manufacture, distribute, sell, or deliver tobacco, petroleum, fuel, or propane? If yes, please attach copies of the permits.***

☐ 25. ***If the business is located within the exterior boundaries of the Yakama Nation, please provide a copy of the deed/lease/mortgage. This may be obtained through the Yakama Nation Realty Department or YN Land Enterprise***.

☐ 26. If the business is located within the exterior boundaries of the Yakama Nation, and it is located on fee land, please provide a copy of the lease/deed/mortgage.

☐ 27. Sign, print, title, & date.

☐ 28. Cash/check in the amount of $205, made payable to: Yakama Nation Department of Revenue. N501-C non-profit organizations make payment in the amount of $5.

☐ 29. Expedite: Add $10 to business license fee. Normal **processing time is 5-7 business days**, expediting the application places priority to the application.

☐ 30. Email application to: revenue@yakama.com

☐ 31. Complete Yakama Nation Department of Revenue Authorization Form (Business), placing check marks next to tasks the individual is authorized to do on behalf of the business, with signature and date.

YAKAMA NATION DEPARTMENT OF REVENUE

BUSINESS LICENSE APPLICATION

$205

(NOT PRO-RATED AND NON-REFUNDABLE)

BUSINESS LICENSE #
YN-_____-27
OFFICE USE ONLY

FEE MUST ACCOMPANY APPLICATION – ALL BUSINESS LICENSES EXPIRE DECEMBER 31st		
INCORPORATED UNDER LAWS OF: (STATE/TRIBE)		DATE OF INCORPORATION:
BUSINESS NAME:		DBA:
TYPE OF BUSINESS/SERVICE OR MERCHANDISE OFFERED:		
BUSINESS HOURS:	DAYS OF OPERATION:	# OF EMPLOYEES, INCLUDING OWNER(S):
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

☐ Sole Proprietor	☐ Individual	☐ Corporation	☐ S-Corp	☐ Partnership	☐ Govt.
☐ Fiduciary/Trust	☐ Limited Liability Corporation	☐ Limited Liability Partnership	☐ Limited Liability Sole Proprietor	☐ Non-Profit	

IS BUSINESS CLASSIFIED AS A NONPROFIT OR CHARITABLE ORGANIZATION FOR EDUCATIONAL, RELIGIOUS, OR CHARITABLE PURPOSES? (IF YES, ATTACH PROOF OF STATUS: STATEMENT FROM IRS, SECRETARY OF STATE, OR EQUIVALENT TO SHOW 501(C)(3) STATUS). ☐ **Yes** ☐ **No**

NAME OF CHARITABLE ORGANIZATION:

CHARITABLE SERVICE OFFERED:

CONTRACT/PROJECT WITH YAKAMA NATION

YAKAMA NATION ENTERPRISE/PROGRAM NAME (PLEASE SPECIFY):

☐ **YAKAMA LEGENDS CASINO**	☐ **YN COMMERICAL WOODCUTTING**	☐ **YAKAMA FOREST PRODUCTS**
☐ **YAKAMA NATION LAND ENTERPRISE**	☐ **YAKAMA NATION TERO**	☐ **YAKAMA NATION REALITY**
☐ **YAKAMA NATION WATER CODE ADMINISTRATION**	☐ **YAKAMA POWER**	☐ **YAKAMA CULTURAL CENTER**
☐ **LIHEAP**	☐ **YAKAMART**	☐ **OTHER**

CONTACT NAME:	PHONE NUMBER:
CONTACT EMAIL:	

CONTRACTOR INFORMATION

STATE LICENSE NUMBER:	**EXPIRATION DATE:**	**CONTRACTOR TYPE:** ☐ **GENERAL**	☐ **SPECIALTY**

BONDING & INSURANCE

IS THE BUSINESS BONDED?	☐ **YES**	☐ **NO**
IS THE BUSINESS INSURED:	☐ **YES**	☐ **NO**

BOND COMPANY:	**ACCT. #:**	**EFFECTIVE:**	**EXPIRATION:**	**BOND AMOUNT: $**
INSURANCE COMPANY:	**ACCT. #:**	**EFFECTIVE:**	**EXPIRATION:**	**INSURANCE AMOUNT: $**

Please type or print in black or blue ink

PO Box 151/401 Fort Rd. Toppenish, WA 98948
(509) 865-5121 ext. 6091, 6037, OR 6028
Email: revenue@yakama.com
Form subject to change without notice.

OWNERSHIP					
NAME	**ADDRESS**	**SSN**	**TITLE**	**% OWNED**	**TRIBE/ENROLLMENT #**

OPERATION INFORMATION		
DOES THE PLACE OF BUSINESS STORE FLAMMABLE OR HAZARDOUS MATERIALS?	☐ **YES**	☐ **NO**
DOES THE BUILDING HAVE AN AUTOMATIC SPRINKLER OR A FIRE ALARM SYSTEM?	☐ **YES**	☐ **NO**
DOES THE PLACE OF BUSINESS HAVE SECURITY ALARMS/CAMERAS?	☐ **YES**	☐ **NO**

YAKAMA NATION ZONING ADMINISTRATION PO Box 151 Toppenish, WA 98948 (509) 865-5121 EXT. 6811 OR 6810 FAX: (509-) 865-7381

IS THE BUSINESS:	☐ NEW STRUCTURE ☐ PRE-EXISTING STRUCTURE	IF APPLICABLE: ZONING PERMIT NUMBER	☐ ON RESERVATION ☐ OFF RESERVATION	**ZONING REP. INITIALS**
LEGAL DESCRIPTION:		ZONING FEE PAID?	☐ **YES**	☐ **NO**

TERO YAKAMA NATION TRIBAL EMPLOYMENT RIGHTS ORGANIZATION – PO BOX 151/16 S. TOPPENISH AVE. TOPPENISH, WA 98948 PHONE: (509) 865-5121 EXT. 4479 FAX: (509) 865-6719 OR (509) 865-6060

YAKAMA NATION LEGENDS CASINO 580 FORT RD. TOPPENISH, WA 98948 509-865-5322 EXT. 5217
ALL BUSINESSES SHALL COMPLY WITH THE YAKAMA NATION VENDOR APPLICATION REQUIREMENTS. ALL VENDORS OF THE YAKAMA NATION LEGENDS CASINO ARE REQUIRED TO HAVE A YAKAMA NATION BUSINESS LICENSE.

YAKAMA NATION ENTERPRISES & GOVERNMENT SERVICES – ALL BUSINESSES DOING BUSINESS WITH THE YAKAMA NATION ARE REQUIRED TO HAVE A YAKAMA NATION BUSINESS LICENSE.

REGISTERED IN SAM (SYSTEM FOR AWARD MANAGEMENT) – PLEASE LIST ALL BUSINESS NAMES REGISTERED:

NCAIS (THE NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM) CODE: CLASSIFIES BUSINESS ESTABLISHMENTS FOR THE PURPOSE OF COLLECTING, ANALYZING, AND PUBLISHING STATISTICAL DATA RELATED TO THE U.S. ECONOMY. THE CODE DEFINES ESTABLISHMENTS BASED ON THE ACTIVITIES IN WHICH THEY ARE PRIMARILY ENGAGED. IT IS ALSO USED FOR ADMINISTRATIVE, CONTRACTING, AND TAX PURPOSES. PLEASE ATTACH A LIST OF NAICS CODES AND CAPABILITIES.

PRIMARY NAICS CODE:	**SECONDARY CODE:**

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

☐	**YES**	☐	**NO**	TOBACCO	TOBACCO PERMIT #
☐	**YES**	☐	**NO**	PETROLEUM/FUEL/PROPANE	FUEL PERMIT #

APPLICANT SIGNATURE

By signature, the applicant certifies they: (a) are a designated representative of the named 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 from credit reporting sources, other investigative bureaus, and federal/state agencies, including law enforcement; and (d) permit 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. An application for a business license includes an 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:	☐ MAIL	☐ PICK UP AT DEPT. OF REVENUE

OFFICIAL USE ONLY

☐ YN Cash Receipt #_____	**APPLICATION REVIEWED FOR PROCESSING BY: DOR STAFF**
☐ Check/Money Order#_____	**DOR STAFF INITIALS AND DATE:** X / **REVIEWED BY:** X
☐ EMAILED:_____	**COMMITTEE APPROVAL: LAW & ORDER COMMITTEE CHAIR/MEMBER SIGNATURE**
☐ PICK UP BY:_____	☐ **APPROVED** ☐ **DISAPPROVED** ☐ **APPROVED WITH CONDITIONS**
☐ MAILED BY:_____DATE:_____	
☐ DATE SCANNED:_____	**SIGNATURE X** / **DATE:**

YN-_____-27

Account #0109.9034.4302
PO Box 151/401 Fort Rd. Toppenish, WA 98948
(509) 865-5121 ext. 6091, 6037, OR 6028
Email: revenue@yakama.com
Form subject to change without notice.

DEPARTMENT OF REVENUE – Authorized Signature Form – FY27

Business Authorization

PLEASE PRINT

Name:_____ **Phone:**_____ **Date:**_____

Company:_____

I _____**do hereby authorize,**

_____**to do business on my behalf:**

☐	Pick up documents: Courtesy Permit(s), Business License(s), Articles of Inc., Tobacco Permit, Fuel Permit
☐	Provide/request information for Business license/Articles of Incorporation
☐	Provide financial information regarding Fuel/Tobacco
☐	Pay Hotel/Fuel/Tobacco Tax
☐	Purchase/Pick up Tobacco Stamps
☐	Renew Vehicle Tabs/Registration
☐	Apply for Motor Vehicle Plates
☐	Transfer Motor Vehicle Plates
☐	Other:

_____**to do business on my behalf:**

☐	Pick up documents: Courtesy Permit(s), Business License(s), Articles of Inc., Tobacco Permit, Fuel Permit
☐	Provide/request information for Business license/Articles of Incorporation
☐	Provide financial information regarding Fuel/Tobacco
☐	Pay Hotel/Fuel/Tobacco Tax
☐	Purchase/Pick up Tobacco Stamps
☐	Renew Vehicle Tabs/Registration
☐	Apply for Motor Vehicle Plates
☐	Transfer Motor Vehicle Plates
☐	Other:

_____**to do business on my behalf:**

☐	Pick up documents: Courtesy Permit(s), Business License(s), Articles of Inc., Tobacco Permit, Fuel Permit
☐	Provide/request information for Business license/Articles of Incorporation
☐	Provide financial information regarding Fuel/Tobacco
☐	Pay Hotel/Fuel/Tobacco Tax
☐	Purchase/Pick up Tobacco Stamps
☐	Renew Vehicle Tabs/Registration
☐	Apply for Motor Vehicle Plates
☐	Transfer Motor Vehicle Plates
☐	Other:

PO Box 151/401 Fort Rd. Toppenish, WA 98948
(509) 865-5121 ext. 6091, 6037, OR 6028
Email: revenue@yakama.com
Form subject to change without notice.

_____to do business on my behalf:

☐	Pick up documents: Courtesy Permit(s), Business License(s), Articles of Inc., Tobacco Permit, Fuel Permit
☐	Provide/request information for Business license/Articles of Incorporation
☐	Provide financial information regarding Fuel/Tobacco
☐	Pay Hotel/Fuel/Tobacco Tax
☐	Purchase/Pick up Tobacco Stamps
☐	Renew Vehicle Tabs/Registration
☐	Apply for Motor Vehicle Plates
☐	Transfer Motor Vehicle Plates
☐	Other:

I understand that it is my responsibility to update this authorization form, in person as an individual or by mail/email for the 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

PO Box 151/401 Fort Rd. Toppenish, WA 98948
(509) 865-5121 ext. 6091, 6037, OR 6028
Email: revenue@yakama.com