2027



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, 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

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 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

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 prompt delivery of service and communication 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

ACCOUNT #0109.9034.4302

FORM SUBJECT TO CHANGE WITHOUT NOTICE

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-_____-27
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

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

CONTRACT/PROJECT WITH YAKAMA NATION

CHECK ALL THAT APPLY: PLEASE ATTACH PROJECT SCOPE / PROJECT CONTRACT / YN GAMING VENDOR LICENSE:

☐ **YAKAMA LEGENDS CASINO**	☐ **YN COMMERICAL WOODCUTTING (BIA)**	☐ **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**

OWNERSHIP *(MUST BE COMPLETED)*

NAME	TITLE	% OWNED	TRIBE/ENROLLMENT

OPERATION INFORMATION

IS THE BUSINESS:	☐ NEW STRUCTURE ☐ PRE-EXISTING STRUCTURE	IF APPLICABLE: ZONING PERMIT NUMBER	☐ ON RESERVATION ☐ OFF RESERVATION	**ZONING REP. INITIALS:**

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

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

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PO BOX 151 / 401 FORT RD TOPPENISH, WA 98948
(509) 865-5121 ext. 6091, 6037, OR 6028
EMAIL: revenue@yakama.com

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

YN-_____-27

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Confederated Tribes and Bands of the Yakama Nation

Established by the Treaty of June 9, 1855

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
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☐	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

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