

Blackfeet Nation
Department of Commerce
PO Box 850, Browning, Montana 59417

Business License Application

Part I: Application Information

Date: _____

Name of Business _____

Owner _____ Enrolled Tribal Member Yes No

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

FEIN # or S.S.# _____ Number of Employees _____

Opening date of business within the exterior boundaries of the Blackfeet Tribe _____

Mgr/Contact Person _____ Phone _____

Location of Business _____

Part II: Type of Business

Please describe in detail your type of business _____

Sole Proprietorship Corporation Partnership Non-Profit Other

Note: If Corporation or Partnership please provide information

NAME	TITLE	ADDRESS	TELEPHONE

Part III: Insurance

Insurance Company _____ Type of Insurance _____

Address _____ City _____ State _____ Zip _____

Bonding Agency _____ Phone _____

Address _____ City _____ State _____ Zip _____

Part IV: Certifications & Responsibilities

Upon signing this application and receipt of this license you hereby agree to abide by all Tribal, Federal and other applicable laws, including but not limited to employment, assessments, levy of execution, collection of fees and taxes, health/safety and environmental codes, inspections, applicable commercial codes, penalties and fines.

The license fee shall be payable to THE BLACKFEET TRIBE. Such license shall be displayed in a conspicuous and public location of the licensee's place of business or shall be in possession of the licensee while conducting or operating a business activity within the exterior boundaries of the Blackfeet Indian Reservation. Failure to secure a license within thirty days of initial conduct of business may result in fines and penalties per Blackfeet Tribe's Ordinance 86 Chapter II/Business License Code; Resolution 10 and 10A.

I certify that the above information is true and accurate to the best of my knowledge. I understand it is a \$50.00 annual fee good for one year. The annual effective dates are from Oct. 1 thru Sept. 30.

Signature: _____ Date: _____

PROCESSED BY: _____