**Pueblo de San Ildefonso**

*Department of Tribal Services - Office of Taxation*

**BUSINESS REGISTRATION APPLICATION**

BUSINESS INFORMATION

|  |  |
| --- | --- |
| Business Name: |  |
| DBA: |  |
| Business Structure (Corporation,Partnership, etc): |  |
| Business Phone: |  | Business Fax: |  |
| Business Address: |  | City: |  | State: |  | Zip: |  |
| Business State CRS#: |  | Business Federal ID#: |  |
| Describe Type of Business, Products or Services Provided: |  |
|  |
| OWNER INFORMATION  |
| Owner 1 | Name: |  | Email: |  |
|  | Phone: |  | Fax: |  |
|  | Mailing Address (if different from above): |  |
|  |
| OWNER INFORMATION |
| Owner 2 | Name: |  | Email: |  |
|  | Phone: |  | Fax: |  |
|  | Mailing Address (if different from above): |  |
|  |
| CONTACT INFORMATION (Other than Owner) |
|  |
| Name: |  | Email: |  |
| Phone: |  | Fax: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
|  |
| PROJECT INFORMATION (If applicable) |
|  |
| Project Name: |  | Project Manager: |  |
| Project Manager Email: |  | Project Manager Phone: |  |
| Project Location: |  |
| Start date of Project: (mm/dd/yy) |  | End date of Project: (mm/dd/yy) |  |

*I hereby certify that the above information is true and correct to the best of my knowledge. The Business Registrant, while doing business on Pueblo de San Ildefonso lands, agrees to abide by the applicable Federal laws and the Tribal Laws of the Pueblo de San Ildefonso, including all applicable gross receipts taxes on taxable transactions occurring on the Pueblo de San Ildefonso lands and the Business Registration and Business License Policy.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Print Name |

|  |  |
| --- | --- |
| **FOR OFFICIAL USE ONLY:** Business Registration Application Rec’d |  |
| Application Fee Rec’d |  | Y |  | N | Amount Rec’d : |  | Check No |  |
| Business Registration for Period of |  | / |  | / |  | through |  | / |  | / |  |
| **Permit or License Number** |  | / |  | - |  |  | Employee Initials |  |
| Year  |  /Month - | Registration No. |

|  |
| --- |
|  |
| Date |