

BUSINESS LICENSE APPLICATION
P.O. Box 70
FORT DUCHESNE, UTAH 84026

BUSINESS INFORMATION:

Corporation _____ Partnership _____ Proprietorship _____ Joint Venture _____

Association or Club _____ Other (Describe) _____

Business Name: _____

Business Address: _____

Local Business or Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Business Activity Description: _____

Utah State Contractors License No. (Attach Copy) _____

Federal Identification No: _____ Number of Employees: _____

Number of Vehicles: _____ Number of Semis: _____

Number of present employees who are enrolled members of the Ute Indian Tribe: _____

Names of addresses of Officers, Partners, Joint Ventures or other holding an interest of the business.

<u>Names</u>	<u>Address</u>	<u>Phone</u>	<u>% Owned or held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accounting Period (for audit purpose only) _____

Detail information of ownership of building and equipment used in operation of your business.

Type of Acquisition

Name of seller, lessor or landlord

Building _____ Purchased

_____ Lease/Purchase/Rent

Equipment _____ Purchase

_____ Lease/Purchase/Rent

Additional Business Location/Activities Subject to Business License and Fee:

Address

Type of Business

License No.

BUSINESS HISTORY:

Have you operated any business activity that requires a business license issued by any state, local or tribal agency? If so, list all:

Business Name

Address

Date of Operation

Licensing Agency

APPLICANT INFORMATION (Contact person designated to act on behalf of the Reservation business):

Name _____

Address _____

Telephone Number _____ Social Security Number _____

Date of Birth _____

(Application Information continued)

If different from the individual identified above, please identify the individual designated to Act on behalf of the Reservation business including filing any changes or updates of information in this application required under Ordinance No. 95-002.

Name _____

Address _____

Telephone Number _____ Social Security Number _____

Date of Birth _____

SIGNATURES:

I authorize the Ute Indian Tribe to make the necessary inquires and investigations of my employment, financial, and criminal history, and other related matters to arrive at a decision for approval or disapproval. I hereby release employers, schools, law enforcement agencies, or other person from all liability in responding to inquiries in connection with this application.

Owner

Address

Manager

Address

This application must be submitted to the Energy & Minerals Department of the Ute Indian Tribe together with a fee in accordance with the following schedule. Cash will not be accepted. Please pay with check, cashier's check, or money order. **A processing fee of \$25 will be assessed.**

PAYMENT INFORMATION			
Business License Fee	\$400	Tribally Owned Business	\$300
Vehicles up to 5	\$50	Semis up to 5	\$65
Vehicles 6-10	\$75	Semis 6-10	\$80
After 10 Vehicles \$50 per Vehicle		After 10 Semis \$55 per Semi	

Employees	Fee	Employees	Fee
0 through 5	\$100	11 through 15	\$300
6 through 10	\$175	16 or more	\$350

Note Completion of application and payment of license fee does not constitute approval of Business License. Application must be approved before license is issued and before business can be conducted.

Access Permit Information

The following information must be submitted to: Quanah Poowegup Christella Trujillo or Lauriann Yazzie at the Energy & Minerals Office. They can be reached at (435-725-4953 / 725-4981 / 725-4964 or at 725-4950. Your faxed information can be sent to (435-722-9270 or 722-4970. If you prefer to E-Mail your information it can be sent to gpoowegup@utetribes.com laurianny@utetribes.com or christellat@utetribes.com

Name of Company

List of Company Name

Employees:

List of all employees who will be in the field. This must correspond with the amount of employees your company paid for when they purchased the business license. Employees may also mean your spouse, children and parents (even if they ride along with you).

Identify who is in charge, i.e. supervisor, foreman, crew chief

NOTE: Animal are not permitted to be the field with owner.

Vehicles:

List all vehicles that will be in the field. Information needed would be the Year, Make, Model, Color, State and License Number of vehicles. Please include rigs, trailers etc., in this section.

Location:

Area of reservation to be accessed. This will include land description of all locations that need access to at the present time.

Companies:

List companies you are presently working with at this time. Future companies can be added when needed.

Work Performed:

Brief description of work to be performed; I,e. surveying, roustabout, etc.,

If you are caught in the field without an access permit you may be fined and you will be escorted off The area. Remember you must contact our office if any changes have occurred on your access permit. One verbal warning will be given and you will have two days to get your updates in before an actual fine will be imposed. Our office hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday.