



SANTA CLARA PUEBLO TAX DEPARTMENT
 APPLICATION FOR BUSINESS LICENSE
 PLEASE TYPE OR PRINT IN BLACK INK

Applicant Name:		Telephone:	() - -
Mailing Address		City	State Zip Code
E-Mail Address			
Business Name		b. Location Code (NM GRT)	
Principal Business Location (Physical Address-NO PO Box)		City	State Zip Code
Type of Ownership (Check One)		Primary Type of Business on Santa Clara Pueblo Lands	
Proprietorship/Sole Owner S Corporation Limited Liability Company Partnership/Joint Venture Non-Profit Cooperative Association General Limited State Agency Other (Specify) Profit Corporation Munic. Or County		Agriculture Utility Service Health Care Construction Wholesale Government Information Professional Services Retail Transportation Other (Specify) Manufacturing Real Estate Food Services	
Identification Numbers		Date business activity started or is anticipated to start with Santa Clara Pueblo	
State CRS ID #		_____ / _____ / _____ Month Day Year	
State Contractor's License #			
Give Brief Description of nature of business			
Are you operating or have you operated any other business(es) on the Santa Clara Pueblo Reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give business name(s) and Santa Clara Pueblo Business ID#	
		Name: _____ SCP Business License ID# _____	
CIGARETTE OR TOBACCO REGISTRATION		If YES, check type of business:	
Will the business sell cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Vending <input type="checkbox"/> Professional Service	
Will the business sell tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LIQUOR LICENSE REGISTRATION		If YES, give Santa Clara Liquor License ID# and expiration date	
Will the business sell liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID# _____ Expiration Date _____ / _____ / _____	
GASOLINE REGISTRATION		If YES, check type of business:	
Will the business sell gasoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Distributor	
Individuals Only			
Are you a member of Santa Clara Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Santa Clara Pueblo Entity?		If YES, give Owner Name(s) and Percentage owned: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
LIST OWNERS, PARTNERS, ASSOCIATION MEMBERS, CORPORATE OFFICERS OR SHAREHOLDERS			
NAME AND TITLE		ADDRESS/CITY/STATE/ZIP	SSN OR Fed. ID No.
PLEASE LIST THREE (3) REFERENCES:			
NAME		ADDRESS/CITY/STATE/ZIP	PHONE NUMBER

I DECLARE THAT THE INFORMATION REPORTED ON THIS FORM AND ANY ATTACHED SUPPLEMENT(S) IS TRUE AND CORRECT.

PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____

FOR OFFICE USE ONLY				
DATE ISSUED	MONTH	DAY	YEAR	VALID FROM: _____ / _____ / _____ TO _____ / _____ / _____
APPROVAL: _____			DATE: _____	
SANTA CLARA PUEBLO TAX ADMINISTRATOR				