

CHEROKEE NATION TAX COMMISSION Business License Application

PLEASE PRINT OR TYPE INFORMATION - SEE ATTACHED CHECKLIST FOR SECTIONS A, B, & C

A.	Type of Business License applied for:	В.	B. Indicate the reason(s) for filing this form:			
	□ a. Retail Tobacco (Cigarette & Tobacco Products)			a.	New Business	
	☐ b. Wholesale Tobacco			b.	Additional licenses / permits	
	□ c. Retail Sales			c.	Change in business location	
	☐ d. Vending Machine-Tobacco			d.	Change in business ownership	
	□ e. Special Events			e.	Change of Name	
	☐ f. Alcohol			f.	Other:	
C.	Business Identification:	D.	Ch	eck.	Applicable Fees:	
	□ a. Individual			a.	Initial Application Fee	\$100
	☐ b. General Partnership			b.	Retail Sales	\$20
	□ c. Limited Partnership			c.	Retail Tobacco	\$20
	☐ d. Cherokee Nation Corporation			d.	Wholesale Tobacco	\$20
	☐ e. Foreign Corporation			e.	Alcohol	\$20
	☐ f. Other			f.	Vending Permit	\$45
				g.	Retail Sales Renewal	\$20
				h.	Retail Tobacco Renewal	\$20
				i.	Other:	\$20
1	BUSINESS INFORMATION					
	Business Name				Business Phone (Area Code & Number)	
	Business Office Address (Street an	nd Number, P.O.	Box, R	ural Ro	oute and Box Number)	
	City	State			Zip Code	,
2	LEGAL OWNERSHIP					
	Name or Legal Owner, Individual, Partnership or Corporation				Federal Employer's Identification Number (EI	N)
	Business Office Address (Street an	nd Number, P.O.	Box, R	ural Ro	oute and Box Number)	
	City	State			Zip Code	
3	NAME OF OFFICER OR EMPLOYEE RESPONSIBLE FOR REMITTING	G APPLICAB	LE T.	AX:		
	Name (Last, First, Middle)					Title
	Court of Montes P.O. Day Product and D.				Diago Negalia	(Area Code 9 Newsbar)
	Street and Number, P.O. Box, Rural route and Bo	ox inumber			Phone Number	(Area Code & Number)
	City	State			Zip Code	
4	A SOLE OWNER: GENERAL PARTNER, A CORPORATION OFFICER;	OR AUTHOR	RIZE) BEI	PRESENTATIVE MUST SIGN THIS APPLICA	ATION RELOW:
	undersigned applicant or authorized representative, declare under the penalties of perjury, revoc					
know		nd the Charokee				as that I will assumbly with the

I, the undersigned applicant or authorized representative, declare under the penalties of perjury, revocation of license, and other penalties of law that I have examined this application and attachments and to the best of my knowledge the facts and representations set forth are true and correct, that I will comply with the Cherokee Nation Tax Code and the Cherokee Nation Tax Commission Regulations, that I will report to the Cherokee Nation Tax Commission within ten (10) day of occurrence any variance or violation of the laws of the Cherokee Nation or the regulations of the Cherokee Nation Tax Commission.

Type or Print Name & Title Signature Date

Cherokee Nation Tax Commission P.O. Box 948 Tahlequah, OK 74465

918-453-5000 Ext 3821 / 3974

Fax: 918-453-7618

OFFICE U	OFFICE USE ONLY				
Date Received:					
Approved:					
Denied:					
Open Date:					



d. BIA Lease, if applicable

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CHEROKEE NATION TAX COMMISSION CHECK LIST

4	Reta	ail Tobacco License						
	a.	Payment of fees.						
	b.	Legal description if operating on your own land.						
	c.	BIA approved lease if applicable.						
	d.	Map with address and name of proposed site showing retail store location or wholesale warehouse.						
	e.	Photographs of each elevation (side) of the proposed site and retail store, or warehouse (total of four photographs), with name and address of location on back of each photograph.						
	f.	Any and all management, employment (excluding wage and hour) and investment contracts which involves and equitable and/or business interest in the proposed retail store.						
В	Wholesale Tobacco License							
	a.	Payment of Fees.						
	b.	Copy of respective state wholesale license.						
	c.	Copy of Certificate of Incorporation.						
	d.	Copy of surety, collateral of cash bond in amount of \$25,000 filed and payable to Cherokee Nation as surety for accrued Tobacco Taxes.						
C	Reta	Retail Sales License						
	a.	Payment of Fees.						
	b.	Legal Description.						
	c.	Statement regarding Restricted Status of Proposed.						
	d.	Map with name and address of proposed site and retail store location.						
	e.	Photographs of each elevation (side) of the proposed site and retail store, or warehouse (total of four photographs), with name and address of location on back of each photograph.						
	f.	BIA Lease, if applicable.						
)	Vend	ending Machine Permit						
	a.	Payment of Fees.						
	b.	Map with Name and address of proposed site						
	c.	Photograph of proposed site with name and address of location on back of photo.						
	d.	BIA Lease, if applicable.						
E	Alco	shol License						
	a.	Payment of Fees						
	b.	Map with Name and address of proposed site						
-	c	Photograph of proposed site with name and address of location on back of photo						