



Fond du Lac Band of Lake Superior Chippewa
1720 Big Lake Road, Cloquet, MN 55720
Business License Application
For the Calendar Year 2_____

Name of Business: _____

Telephone Number: _____

Contact Person's Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____

e- mail address: _____

1. Form of Business: (Corporation, Partnership, Sole Proprietorship, Limited Liability Company, or other entity): _____

If corporation or partnership, where registered: _____
(Attach a certified copy of the Articles of Incorporation, Partnership Agreement, or other organizational documents which describe the formation and existence of the business with your initial application, and thereafter if amended or changed. If this required documentation has been previously submitted and there have been no changes, I understand that upon signing this application, I am certifying that this required documentation has been submitted and no changes have been made since the initial submission).

2. Type(s) of Business: _____

3. Business location(s) within the boundaries of the Fond du Lac Reservation: _____

4. Description of activities to be conducted by the applicant business within the boundaries of the Fond du Lac Reservation: _____

5. Owner(s) Name and Address: _____

Tribal Member Yes No

Owner(s) Name and Address: _____

Tribal Member Yes No

(if additional space is needed, please use attachment)

6. Trade name(s), other name(s) ever used, and the names of any wholly owned subsidiaries or other businesses owned by the Applicant or its principals:

(if additional space is needed, please use attachment)

7. W-9 Requirement: With your initial application, and thereafter only if changes are made, please attach a completed W-9 form (a copy can be downloaded from website: www.irs.gov), and a copy of documentation from the State where your business is registered evidencing the taxpayer identification number issued by said State.
8. Will the applicant engage in any contracting or subcontracting activity? Yes No

If yes, the applicant must submit a plan to the Executive Director of the Fond du Lac Reservation Business Committee, or his designee, in compliance with the Fond du Lac Tribal Employment Rights Ordinance, FDL Ord. #12/94. Applicant hereby acknowledges that the issuance of a business license is contingent upon its compliance with FDL Ord. #12/94, and failure to remain compliant will result in the revocation of its business license.

Applicant hereby agrees to comply with all applicable tribal laws and policies in its conduct of business on the Fond du Lac Reservation, and further acknowledges that it must comply with any contractual drug and alcohol testing requirements when contracting with the Fond du Lac Reservation Business Committee, or any corporate entity or subdivision of the Fond du Lac Band, and that failure to comply will result in the revocation of its business license. Applicant hereby acknowledges that inclusion of false or misleading information on this application may be grounds for denial or revocation of the license. Applicant hereby gives consent to the Fond du Lac Reservation Business Committee, or its designees, to access information its deems necessary to verify the legitimacy of its business through any state, federal, or local records systems.

I, _____, on behalf of _____, hereby certify that the information and attachments provided in this application are true and complete to the best of my knowledge and belief. I further hereby certify that I have read the Ordinance 5/84 of the Fond du Lac Reservation Business Committee and do hereby submit to the jurisdiction provided for therein.

Signature

Date

- * An application fee of \$50.00 must accompany this application.
- * Failure to attach required documentation will result in the rejection of this application and forfeiture of the application fee.

Return to: [Office of the Registrar](#)
[Fond du Lac Band of Lake Superior Chippewa](#)
[1720 Big Lake Rd](#)
[Cloquet, MN 55720](#)
[Telephone #:\(218\)878-8072](#)