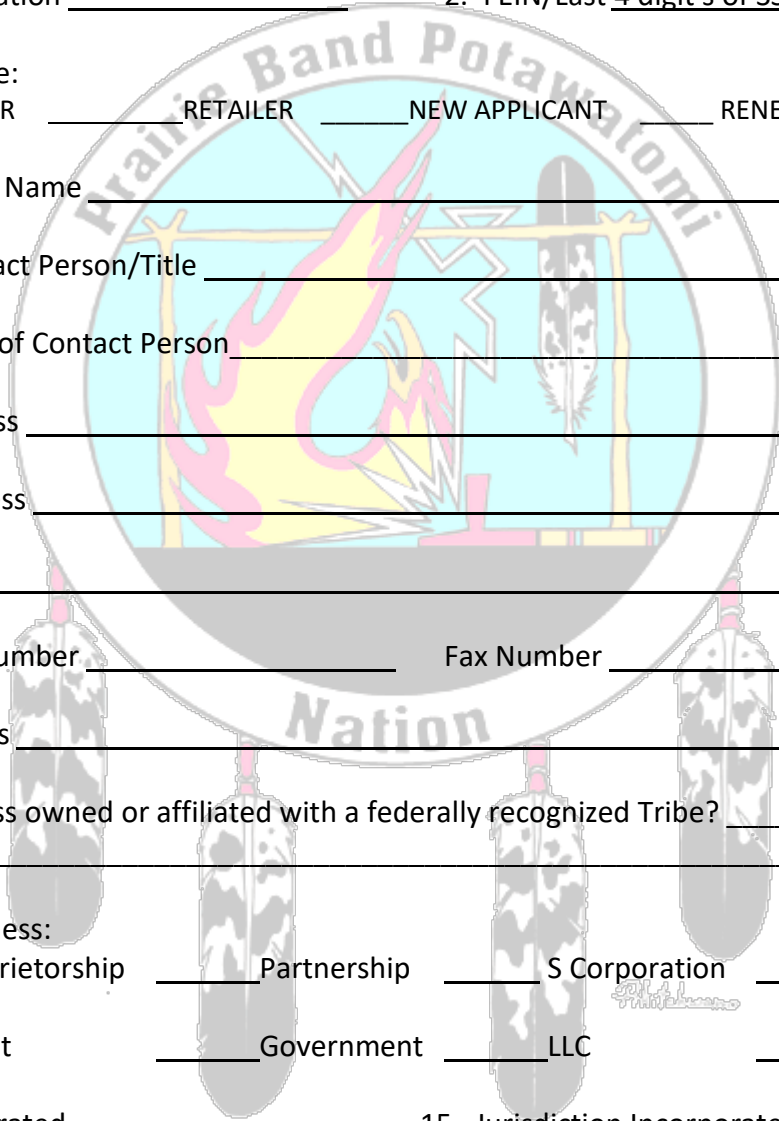


**PRAIRIE BAND POTAWATOMI TAX COMMISSION
TRIBAL TOBACCO DISTRIBUTOR/WHOLESALE OR RETAILER
LICENSE APPLICATION**

16281 Q Road
Mayetta, KS 66509
Telephone: (785) 966-3998
taxcommission@pbpnation.org

***Non-Refundable Application Fee of \$100.00 must be submitted with application. Make checks payable to the Prairie Band Potawatomi Tax Commission.**

1. Date of Application _____ 2. FEIN/Last 4 digit's of SSN _____
3. Type of License:
____ WHOLESALE _____ RETAILER _____ NEW APPLICANT _____ RENEWAL APPLICANT
4. Legal Business Name _____
5. Name of Contact Person/Title _____
6. Email address of Contact Person _____
7. Mailing Address _____
8. Physical Address _____
9. City/State/Zip _____
10. Telephone Number _____ Fax Number _____
11. Email Address _____
12. Is the Business owned or affiliated with a federally recognized Tribe? _____ If so, explain the affiliation: _____
13. Type of Business:
____ Sole Proprietorship _____ Partnership _____ S Corporation _____ Corporation
____ Non-Profit _____ Government _____ LLC _____ Other
14. Date Incorporated _____ 15. Jurisdiction Incorporated In _____
16. Date Business Began _____ 17. Tax Year End _____
18. Date you began or will begin selling or importing tobacco or tobacco products on the Prairie Band Reservation: _____



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19. Provide a brief description of your operations within the Prairie Band Reservation:

20. Did you acquire an existing business? Yes No

If yes, list the previous business owner's name _____

21. List the names of your business owners, directors, partners and/or officers (use additional sheet if necessary):

Name	Home Address	SSN	Title	% Ownership	Director?

Affirmative answers to #21 may result in the denial of application for a license.

22. Has the applicant, its owner(s), directors, partners, or officers:

- a. Been convicted of fraud, tax evasion, or a violation of the laws governing the reporting and payment of fees or taxes for tobacco or tobacco products in the past five (5) years?
 Yes No If yes, attach explanation.
- b. Been convicted of any felony or been granted a deferred judgment following an adjudication or guilt of a felony in the past five (5) years?
 Yes No If yes, attach explanation.
- c. Formally held a tobacco wholesaler or distributor or retailers license or permit in any jurisdiction which was revoked for cause in the past five (5) years?
 Yes No If yes, attach explanation.
- d. Have any tobacco tax liabilities that are past due in any jurisdiction?
 Yes No If yes, attach explanation.

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23. If you are granted this license, do you agree to:

- a. (If a wholesaler) Confirm that each entity to whom you sell and who is located on the Prairie Band Reservation is listed on the licensed Tribal Retailer list? Yes No
- b. Ensure that payment is remitted to the Tax Commission for each Tribal Tax Stamp affixed on individual packs of cigarettes by the tenth (10th) of every month for the previous month?
 Yes No
- c. Submit all reports to the Tax Commission as required pursuant to the Potawatomi Law and Order Code Title 10 General Revenue and Taxation? Yes No
- d. Comply with all other applicable tribal business laws applicable to tribal tobacco retailers and wholesalers? Yes No
- e. Take all reasonable precautions to ensure the security and integrity of the Tribal Tax Stamp, including keeping unaffixed stamps in a secure location?
 Yes No
- f. Understand that this license, if granted, is non-transferable? Yes No

CERTIFICATION

I certify that I am a duly authorized owner, partner, director, officer, or representative of the applicant and that the statements made herein are true and correct to the best of my knowledge. I further agree on behalf of the applicant to be bound by and comply with all laws of the Prairie Band Potawatomi Nation and do hereby consensually submit to the jurisdiction of the Prairie Band Potawatomi Nation.

Signature _____ Date _____

Printed Name _____ Title _____

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