

PRAIRIE BAND POTAWATOMI TAX COMMISSION

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

APPLICATION FOR TRIBAL BUSINESS LICENSE

Instructions: All information must be completed prior to license issuance. This application for the Prairie Band of Potawatomi Business License must be accompanied by the appropriate non-refundable application fee:

Temporary Business License	\$10.00	(4 days or less)
Seasonal Business License	\$25.00	(3 months or less)
Annual Business License	\$50.00	(Exceeding 3 months)
Annual Business License	Exempted	(Exceeding 3 months)

1. Business Name: _____
2. Location and Address of Business: _____

3. Owner's Name and Address: _____

4. Business Telephone: _____ Home Telephone: _____
5. Contact person's email address: _____
6. Last 4 digit's of Social Security/FEIN Number(s) of Owner(s): _____

7. Nature of Business (Check Type):

Retail Goods	_____	Retail Services	_____
Wholesaler	_____	Manufacturer	_____
Utility	_____	Contractor	_____
	_____	Food Vendor	_____
	_____	Other	_____
8. Description of the Type of Business: _____

9. Food Vendors only – Effective 7/1/2017: Persons that produce or sell food sold directly to the end consumer, must submit proof of training, within the past 2 years, in basic food handling principles that is accredited and certified by the American National Standards Institute (ANSI) or ServSafe. Free On-line course link: <https://www.ihs.gov/foodhandler>.
 - Must provide proof of completion of this training with your Application for a Tribal Business license.
10. Is this a new business? Yes _____ No _____ If yes, Date you will begin business: _____
11. Will there be more than one business location on the Reservation? Yes _____ No _____

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.

☐ I agree to submit regular Sales Revenue reports, as requested by the PBPNT Tax Commission Office.

Signature _____

Date _____

Printed Name _____

Title _____

***Non-refundable Application Fee must be submitted with application along. Make checks payable to the Prairie Band Potawatomi Tax Commission.**

Revised-Approved 9/15/22

Office Use Only: Completed Application: _____ Application Fee: _____ Food Vendor: Proof of Basic Food Handling Training: _____