



# TRIBAL LICENSING APPLICATION

**Notice:** Applications must be completed and SIGNED or it will be returned to the applicant. No modifications of any kind may be made to this form. License fees must be paid before an application is considered for approval. Please type or print legibly in black or blue ink.

## A. GENERAL INFORMATION

1. Enter Employer Identification Number (EIN) for incorporated entities or Social Security Number (SSN) for individuals: .....

2. Legal name of entity (trade/DBA name; sole owner or partners; first name and last name; corporation or other name):

3. Mailing Address for Owner, Partner, or Corporation:  
*(street name, P.O. Box, or rural route and box number)*

\_\_\_\_\_  
*(city) (county) (state) (zip code)*

4. Enter the name, phone number(s), and e-mail address of the person primarily responsible for this business:

\_\_\_\_\_  
*(name) (e-mail address)*

\_\_\_\_\_  
*(telephone – area code & number) (mobile – area code & number) (fax – area code & number)*

5. Physical Business Location/Address (if different from #3, above):

\_\_\_\_\_  
*(street name, P.O. Box, or rural route and box number)*

\_\_\_\_\_  
*(city) (county where business located in) (state) (zip code)*

6. Business Description (concisely describe the type of business activity/activities to be conducted on tribal lands):

7. Service Area Description (concisely describe the service area/locations which you will be conducting business):

8. Operating Hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**B. BUSINESS LICENSE**

Click here if NOT APPLICABLE

- 1. **License Type:**  Temporary License (for a period of seven (7) days or less)  
 Seasonal License (for a period of three months or less)  
 Permanent License (for a period exceeding (3) three months)  
 Tribal Member Arts & Crafts License (Fallon Paiute-Shoshone Tribal members who create or sell Indian arts/crafts)
- 2. **Business Type:**  Sole Proprietor/Individual       General Partnership       Limited Partnership  
 Limited Liability Company (LLC)       Corporation       Indian Arts & Crafts  
 Other (specify): \_\_\_\_\_
- 3. If corporation indicate where incorporated or if federally incorporated, what type: \_\_\_\_\_
- 4. If a new applicant, indicate the date business started or will start operating on the Tribe: \_\_\_\_\_
- 5. Has your business been issued a business license from the Tribe in the past five (5) years .....  YES       NO  
If YES, list business license # and/or year(s) issued: \_\_\_\_\_
- 6. Have you previously applied for a business license from the Tribe under another name .....  YES       NO  
If YES, under what name and the year(s) issued: \_\_\_\_\_
- 7. Has any business license you held every been suspended, revoked, or application denied .....  YES       NO  
IF YES, explain (attach additional sheet if needed): \_\_\_\_\_

**C. FOOD HANDLING & PREPARATION**

Click here if NOT APPLICABLE

- 1. **Facility Type:**  Restaurant/Bar       Concession Stand       Mobile Establishment  
 Café / Snack Bar       Catering       Convenience Store/Market  
 Temporary Vendor       Other (explain): \_\_\_\_\_
- 2. **Prep Type:**  On-site Preparation – Permanent       On-site Preparation – Temporary  
 On & Off-site Prep – Detail location/prep method       Catering – Detail location/prep method  
 Food Delivery (items prepared at off-Tribe site)       Other (explain): \_\_\_\_\_
- 3. Brief description of type of operation and foods to be served and/or sold (*be specific, attach additional sheets*):
- 4. Number of employees engaged in prep & handling:  0-5       6-15       16-20       20 or more
- 5. Number of seats:  1-49       50-149       150-249       250-349       350-499       500 or more
- 6. List any food handling and/or preparation certifications:

**IMPORTANT.** Businesses must show proof of Tribal, IHS and/or State health inspection and current food handler card. New employees must also have a food handler card and records for all employees must be maintained on site and provided to the Tribe, or other authorized regulatory agency, upon request and/or inspection. Businesses may be inspected by the IHS or designated Tribal entity handling food safety issues.

**D. LIQUOR & ALCOHOL LICENSE**

Click here if not applicable

- 1. **License Type:**  Class 1 - On-Sale retailer of liquor<sup>1</sup>  Class 2 - On-sale retailer of beer/wine only<sup>1</sup>  
 Class 3 - Off-sale retailer of liquor<sup>2</sup>  Class 4 - Off-sale retailer of beer/wine only<sup>2</sup>  
 Class 5 - Wholesaler<sup>3</sup>  Special Event (limit 4 days; only 4 times in year)

- “On-Sale Retailer” means any person selling liquor in individual portions, by the glass, or in broken packages, for consumption at the place of sale.
- “Off-Sale Retailer” means any person selling liquor in unbroken packages, to be consumed elsewhere.
- “Wholesaler” means any person who sells liquor for subsequent resale, and includes the original manufacturer, distiller, brewer, vintner or bottler
- “Special Event” license may be issued only to an organization which has been formed for purposes of a religious, philanthropic, social, fraternal, patriotic, political or athletic nature, and not for profit, or which is a charter branch, lodge or chapter of such an organization. A Special Event license may be issued to members of the Tribe, tribal member-owned organizations, or tribally-owned entities conducting events, functions, or activities for the Tribe.

- 2. **Business Type:**  Convenience Store  Small grocery  Gas Station  
 Drug Store/Pharmacy  Convenience/Gas Store  Restaurant  
 Supermarket  Liquor Store  Department Store  
 Bar/Tavern  Hotel/Motel

Other: \_\_\_\_\_

- 3. **Warehousing.** If any of your inventory is warehoused, provide the name, street address, city, state, zip code and county of the warehouse.

\_\_\_\_\_ (city) \_\_\_\_\_ (county where warehouse at) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

- 4. Have you ever made application for a liquor license which has been denied?.....  YES  NO  
 IF YES, explain (attach additional sheet if needed): \_\_\_\_\_

- 5. Have you ever had any previous liquor license suspended or revoked? .....  YES  NO  
 IF YES, explain (attach additional sheet if needed): \_\_\_\_\_

**E. CIGARETTE DEALER'S LICENSE**

Click here if not applicable

**NOTE: The cigarette dealer’s license will also cover all other types of tobacco products sold as retailer or wholesaler**

- 1. **License Type:**  **Retailer** – any person who offers to sell cigarettes at retail or who is engaged in selling cigarettes at retail  
 **Wholesaler** – any person who brings or causes to be brought onto the Reservation unauthorized cigarettes purchased from the manufacturer or another wholesaler, and who stores, sells, or otherwise disposes of them within the Reservation; and any person who manufactures or produces cigarettes within the Reservation and who sells or distributes them within the Reservation.

- 2. **Product Types (check all applicable products that will be sold and/or distributed under your dealer’s license):**  
 Bidis  Cigarettes  Cigars, Cigarillos and Little Cigars  
 Pipe  Dissolvable Tobacco  Electronic cigarette or E-cigarette  
 Hookah  Kreteks (clove cigarettes)  Smokeless Tobacco (chew, dip, snuff, snus, spit tobacco)  
 Other (detail): \_\_\_\_\_

- 3. Have you ever made application for a cigarette/tobacco license which has been denied?.....  YES  NO  
 IF YES, explain (attach additional sheet if needed): \_\_\_\_\_

- 4. Have you ever had any previous cigarette/tobaco license suspended or revoked? .....  YES  NO  
 IF YES, explain (attach additional sheet if needed): \_\_\_\_\_

**F. LICENSE FEES AND DATES**

**1. BUSINESS LICENSE**

Indicate if application is for:  New License  License Renewal

**NOTE:** All licenses expire at 11:59 p.m. on December 31st of each year. Applicants must submit renewal applications for each calendar year. Fees for each type of license are listed below.

- Permanent License (exceeding (3) three months)
  - Fee(s): Filing in Jan. – March ..... \$50.00
  - Filing in April – June..... \$37.50
  - Filing in July – Sept. .... \$25.00
  - Filing in Oct. – Dec..... \$12.50
- Seasonal License (three (3) months or less)
  - Fee(s): ..... \$25.00
  - Dates Needed: \_\_\_\_\_
- Temporary License (seven (7) days or less)
  - Fee(s): ..... \$10.00
  - Dates Needed: \_\_\_\_\_
- Tribal Member Arts & Crafts License
  - Fee(s): ..... \$0.00
  - (only for FPST Members who create/sell arts & crafts)*

**2. LIQUOR & ALCOHOL LICENSE**

Indicate if application is for:  New License  License Renewal

**Application Fee (in addition to license fee)**

- Original/New License ..... \$200.00
- Renewal of Current License ..... \$50.00

**License Fee (in addition to application fee)**

*Class 1 / Class 5 Licenses*

- Original/New License ..... \$1,000.00
- Renewal of Current License ..... \$150.00

*Class 2 / Class 3 / Class 4 Licenses*

- Original/New License ..... \$500.00
- Renewal of Current License ..... 75.00

**3. CIGARETTE DEALER'S LICENSE**

Indicate if application is for:  New License  License Renewal

- Wholesaler Dealer's License ..... \$150.00
- Retailer Dealer's License ..... \$0.00

**G. CERTIFICATION**

**BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF LICENSE:**

Each licensee shall comply with all tribal laws, including but not limited to: business licensing & taxation, TERO, and applicable federal laws. The licensee is required to comply with any additional tribal laws as such laws are enacted by the Council, and obtain any other licenses or permits required by applicable law. Each licensee consents to the jurisdiction of the Tribal Court as to any cause of action arising in connection with the transaction of any business on tribal lands, or any tortious acts committed in connection with the transaction of any business on tribal lands. Each licensee consents to the service of process of the Tribal Court with respect to all actions over which the Tribal Court has subject matter jurisdiction, in accordance with the rules and procedures of the Tribal Court. Each licensee shall respond in a timely manner to requests by the Tax Department for information about the licensee's business for the purpose of establishing whether the licensee is in compliance with tribal laws.

**I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE FALLON PAIUTE-SHOSHONE TRIBE AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.**



Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please make check/money order payable to "FPST Tax Department". NO CASH ACCEPTED.

Please mail or return your completed application and payment to:

**FPST TAX DEPARTMENT, 565 Rio Vista Drive, Fallon, NV 89406**

Phone 775.423.6075 / Fax 775.423.5202 / Email: [taxdirector@fpst.org](mailto:taxdirector@fpst.org) / [www.fpst.org](http://www.fpst.org)

FOR FPST OFFICIAL USE ONLY— DO NOT WRITE IN THIS SPACE		
FEE AMOUNT: _____	FPST RECEIPT # _____	DATE PAID: _____
BUSINESS LICENSE # _____	LIQUOR LICENSE # _____	TOBACCO LICENSE # _____
DATE VALID FROM/TO: _____	DATE EXPIRES: _____	
APPROVED BY _____	DATE ISSUED: _____	