



PYRAMID LAKE PAIUTE TRIBE
BUSINESS LICENSING DEPARTMENT- APPLICATION FOR TEMPORARY BUSINESS PERMIT
 RETURN TO: BUSINESS OFFICE, 208 CAPITAL HILL (P.O. BOX 256), NIXON, NV 89424
 OR EMAIL bjohn@plpt.nsn.us. PHONE: (775) 574-1000 OR FAX: (775) 574-1008

Section (1) I am applying for:

Temporary Business Permit: Garbage Collection Vendor Sales

Location of Temporary Business (REQUIRED) : _____

Section (2) Entity Information:

Corporate/Entity Name:		Doing Business As (DBA):	
Corporate/ Entity Address:		City:	State & Zip Code:
Corporate/ Entity Mailing Address:		City:	State & Zip Code:
Federal Tax ID #:	E-Mail Address:	Telephone Number:	Fax Number:
Location of Business Operations:		City:	State & Zip Code:
Address of Business Records:		City:	State & Zip Code:

List all owners, partners, corporate managers, members, etc. Attach additional sheets if necessary

Last Name, First Name, Middle Initial:		Residence Address (Street, City, State, Zip)	
Title:	DOB:	Percent Owned:	
Last Name, First Name, Middle Initial:		Residence Address (Street, City, State, Zip)	
Title:	DOB:	Percent Owned:	

Section (3) Describe nature of your business on Pyramid Lake tribal jurisdiction, including products sold, labor performed, and/or services rendered:

Section (4) Fees (Select Type of Permit Applying for): ALL FEES ARE NON-REFUNDABLE

<input type="checkbox"/> Temporary Business Permit	All persons engaged in business on the Reservation for during the Burning Man event.	= <u>TOTAL \$50.00</u>
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Section (5) Certification/Declaration (must be signed by an officer of the corporation/entity):

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is true and correct. I further acknowledge that pursuant to § 3.17.05, I consent to Tribal Jurisdiction and will obey all applicable laws of the Pyramid Lake Paiute Tribe. I understand any violation of said laws may result in business permit revocation.

Officer/Individual Signature	(Print Name/Title)	Date
Officer Signature	(Print Name/Title)	Date
Officer Signature	(Print Name/Title)	Date
Officer Signature	(Print Name/Title)	Date

Section (6) OFFICIAL USE ONLY:	Received by:	Date:
PLPT Permit #:	"\$" Payment Received:	PLPT Receipt Number: