



**PYRAMID LAKE PAIUTE TRIBE**  
**BUSINESS LICENSING DEPARTMENT- APPLICATION FOR BUSINESS LICENSE**  
 RETURN TO: BUSINESS OFFICE, 208 CAPITAL HILL (P.O. BOX 256), NIXON, NV 89424  
 Email: [businessoffice@plpt.nsn.us](mailto:businessoffice@plpt.nsn.us); PHONE: (775) 574-1000 OR FAX: (775) 574-1008

**Section (1) I am applying for:**

- New Business  
  Change of Location  
  Change of Name/Owners  
  Change of Address  
  Seasonal  
  Contracting  
 Renewal  
  Consolidated License  
  Special License (per §3.17.302)  
  Exempt \_\_\_\_\_

**Section (2) Business Entity Type:**

- Sole Proprietor  
  Corporation  
  Limited Liability Company  
  Association  
  Partnership  
  Other: \_\_\_\_\_

**Section (3) 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 (4) Describe Nature of your business on Pyramid Lake tribal jurisdiction, including products sold, labor performed, and/or services rendered:**


**Section (5) Fees (Select Type of License Applying for):**

<input type="checkbox"/> New Business License	Administration Fee- \$25.00 (Section 3.17.200)	\$150.00	= <b>TOTAL \$175.00</b>
<input type="checkbox"/> New License Required for Change of Location	Administration Fee- \$20.00 (Section 3.17.201)	\$150.00	= <b>TOTAL \$170.00</b>
<input type="checkbox"/> New License Required for Change of Name/Owner(s)	Administration Fee- \$20.00 (Section 3.17.202)	\$150.00	= <b>TOTAL \$170.00</b>
<input type="checkbox"/> Contracting Business License- Construction/Contracting no longer than the duration of the contract or job	Administration Fee- \$25.00 (Section 3.17.200)	\$125.00	= <b>TOTAL \$150.00</b>
<input type="checkbox"/> Seasonal Business License- five (5) consecutive days but less than 3 consecutive months	Administration Fee- \$25.00 (Section 3.17.200)	\$50.00	= <b>TOTAL \$75.00</b>
<input type="checkbox"/> Renewal: Fee Amount based on Annual Gross Receipts	<input type="checkbox"/> Consolidated License- based on the total annual gross receipts for business location		
\$25,000 and under	\$125.00 + \$25.00 Admin Fee	\$500,001 to \$1,000,000	\$350.00 + \$25.00 Admin Fee
\$25,001 to \$50,000	\$150.00 + \$25.00 Admin Fee	\$1,000,001 to \$2,500,000	\$600.00 + \$25.00 Admin Fee
\$50,001 to \$100,000	\$175.00 + \$25.00 Admin Fee	\$2,500,001 to \$5,000,000	\$650.00 + \$25.00 Admin Fee
\$100,001 to \$300,000	\$200.00 + \$25.00 Admin Fee	\$5,000,001 or more	\$700.00 + \$25.00 Admin Fee
\$300,001 to \$500,000	\$250.00 + \$25.00 Admin Fee		

**Section (6) 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 license revocation.

Officer Signature	(Print Name/Title)	Date

<b>Section (7) OFFICIAL USE ONLY:</b>	Received by:	Date:
PLPT Business License #:	\$\$\$ Payment Received:	PLPT Receipt Number: