



PYRAMID LAKE PAIUTE TRIBE

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

Section (1) I am applying for:

- Gaming Operation, Liquor Business, Mining Operation, Food Service Business, Energy Generation Operations, Wrecking and Towing Operations

Section (2) Business Entity Type:

- Sole Proprietor, Corporation, Limited Liability Company, Association, Partnership, Other

Section (3) Entity Information:

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

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

Form with fields for Last Name, First Name, Middle Initial, Residence Address (Street, City, State, Zip), Title, DOB, Percent Owned (repeated for multiple owners).

Section (4) Describe Nature of your specialty business, including products sold, labor performed, and/or services rendered:

Empty form area for describing the nature of the specialty business.

Section (5) Fees :

Table with 3 columns: Business Type (Gaming Operation, Liquor Business, Mining Operation, Food Service Business, Energy Generation Operations, Wrecking and Tow Operations, Applying for Reciprocity), Initial Application Fee, and Renewal Application Fee. Includes a section for Reciprocity with 'Official Use Only' highlighted.

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.

Form with fields for Officer Signature, (Print Name/Title), and Date.

Section (7) OFFICIAL USE ONLY: PLPT Business License #, Received by, \$ Payment Received, Date, PLPT Receipt Number.