

**Osage Nation Tax Commission
627 Grandview Avenue
Pawhuska, OK 74056
Ph. (918) 287-5393 Fax. (918) 287-5503**

BUSINESS TAX RENEWAL APPLICATION

SECTION 1: TYPE OF BUSINESS LICENSE APPLIED FOR:

- a) Retail Tobacco (Cigarette and Tobacco Products)
- b) Wholesale Tobacco
- c) Retail Sales
- d) Fireworks
- e) Special Events
- f) Other (explain) _____

Indicate the reason(s) for filing this form:

- a) New Business
- b) Additional Licenses/permits
- c) Change in Business Location
- d) Change in Business Ownership
- e) Change of Name
- f) Other (explain) _____

SECTION 2: BUSINESS IDENTIFICATION OF APPLICATION:

1. How is the business owned?

- a) Individual
- b) General Partnership
- c) Limited Partnership
- d) Corporation (State of corporation _____)
- e) Other (explain) _____

Federal Employer's Identification Number (EIN) _____

2. _____
Business Name Business Phone

Address of Business Office (Street and Number, P.O Box or Rural Route and Box Number)

City State Zip Code

Name of Legal Owner, Partnership, Individual or Corporation Social Sec #

Mailing Address (Street and Number, P.O Box or Rural Route and Box Number)

City State Zip

SECTION 2: CONTINUED

2d) Name of Manager (s) _____

Mailing Address & Physical (Street and Number, P.O Box or Rural Route and Box Number)

City

State

Zip

Phone Number

Social Security Number

18 Years or Older?

Date of Birth

Note: This information is Required.

SECTION 3: BUSINESS OWNERSHIP

Name of all Partners or Corporate Officers – For more space attach additional pages

Mailing Address (Street and Number, P.O Box or Rural Route and Box Number)

City

State

Zip

SECTION 4: STORE/WAREHOUSE INFORMATION

Name of Owner _____

EIN or SSN _____

Location of Business _____

Trade Name of Business

Telephone

Mailing Address (Street and Number, P.O Box or Rural Route and Box Number)

City

State

Zip

5a) Principle Type of Business

- _____ a) Retail
- _____ b) Wholesale
- _____ c) Service
- _____ d) Manufacturing

5b) List your Principle Products/Service

- _____ a) Cigarette/Tobacco
- _____ b) Other _____

5c) Date of First Sale Subject to:

- _____ a) Tobacco Tax
- _____ b) Sales Tax

SECTION 5: RESPONSIBLE PERSON AND DECLARATION UNDER PENALTY OF PERJURY

4a) Name of Officer Responsible for remitting: _____

Tobacco Tax:

_____ Mailing Address (Street and Number, P.O Box or Rural Route and Box Number)

_____ City State Zip

_____ Phone Number Social Security Number Title

Sales Tax (if Different):

_____ Mailing Address (Street and Number, P.O Box or Rural Route and Box Number)

_____ City State Zip

_____ Phone Number Social Security Number Title

Have you ever been convicted of a felony? ____ Yes ____ No

When and what type? _____

4b) A sole owner, general partner, corporate officer or authorized representative must sign this application below. I, the undersigned applicant or authorized representative, declare under the penalties of perjury, revocation of this license, and other penalties of the law that I have examined this application and attachments and to the best of my knowledge the facts and representations set forth are true and correct, that I have read and understand the Osage Tribal Tax Code and the Osage Tribal Tax Commission Regulations, that I will comply with the Osage Tribal Tax Code and the Osage Tribal Tax Commission Regulations, and that I will report to the Osage Tribal Tax Commission within ten (10) days of occurrence of any variance or violation of the laws of the Osage Tribe of Indians or the regulations of the Osage Tribal Tax Commission. Further, the Osage Tax Commission must be notified within five (5) days of any managerial changes. I authorize a criminal background check.

_____ Type or Print Name and Title Signature Date

Subscribed and Sworn to me this _____ day of _____.

My Commission Expires _____ (seal)

Notary Public _____

Note: Penalty for false or misleading information may result in the revocation of License (s) and or forfeiture of certain assets.

SECTION 6: FEES

Check Applicable Fees:

| | |
|--|----------|
| _____ a) Tobacco Retail License Fee | \$200.00 |
| _____ b) Tobacco Wholesale License Fee | \$200.00 |
| _____ c) Renewal Wholesale/Retail | \$50.00 |

Total \$ _____

SECTION 7: ATTACHMENTS CHECK LIST

Note: This information is required before your license will be considered for approval.

Tobacco Retail License

- _____ A. Payment of Fees
- _____ B. Legal Description if operating on own land
- _____ C. Letter showing BIA Approved Lease if store not located on applicant's land.
- _____ D. Map with address and name of proposed site showing retail store location
- _____ E. Photograph of each elevation (side) of the proposed site and the retail location (four photos with name and address of the location on the back.
- _____ F. Copy of paid Bond

Wholesaler License

- _____ A. Payment of Fees
- _____ B. Copy of respective State wholesale license
- _____ C. Copy of Certificate of Incorporation
- _____ D. List of Indian Retailers currently served
- _____ E. Waivers and Certifications if required.
- _____ F. Copy of Bond

BusinessApplication.doc Revised 8/31/2011