

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_____
Osage Membership 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) Fireworks License Fee	\$200.00
_____ d) Renewal Wholesale/Retail	\$100.00

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
- _____ G. Copy of liability insurance
- _____ H. Copy of Osage Membership Card for Owner and Manager

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

Fireworks License

- _____ A. Payment of Fees
- _____ B. Location of where fireworks will be sold

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