For Office Use Only

Date Received:	License Number:
Business Code:	Classification:
Type of license:	

Cheyenne River Sioux Tribe
Revenue Department

BUSINESS LICENSE APPLICATION

Please Print Legible or Type. Attach Copy of W-9

Licensee Identification

1. Business Name: _____
2. Corporation or Ownership Name: _____
3. Mailing Address: _____

   City _____ State _____ Zip Code _____
4. EIN Number or Social Security Number: _____
5. Are the owner(s) a member of a Federally Recognized Tribe ☐ Yes ☐ No What Tribe? _____
6. E-mail Address: _____

Business Location

7. Business Address (if different than mailing address): _____
8. Business Telephone: _____ Fax: _____ Home Phone: _____
9. Will there be more than one business location on the Reservation? ☐ Yes ☐ No How many? _____
10. Where will they be located? _____

Business Operation

11. Do you have any South Dakota tax licenses? ☐ Yes ☐ No If yes, please detail:
    - ☐ Sales Tax License No. _____
    - ☐ Contractor's Excise Tax License No. _____
    - ☐ Use tax License No. _____
    - ☐ Cigarette Wholesale Tax License No. _____
    - ☐ Alcohol Wholesale Tax License No. _____
12. Is this a new business? _____ If yes, what date will you begin doing business on the Reservation? _____
13. What are your estimated annual gross receipts on Cheyenne River Reservation? _____

Business Type

14. Is this business: ☐ Full time ☐ Part time ☐ Itinerant ☐ Seasonal
15. Type of business:
    - ☐ Peddler
    - ☐ Contractor
    - ☐ Distributor
    - ☐ Retailer
    - ☐ Manufacturer
    - ☐ Service
    - ☐ Wholesaler
    - ☐ Utility
    - ☐ Other (specify) _____

16. Brief description of business (accountant, etc.) _____

Business Ownership

17. Indicate ownership type: ☐ Single Owner ☐ Partnership ☐ Corporation

State/Tribe of Incorporation: _____ Date Incorporated: _____

18. If a corporation or partnership, list all officers or partners. Attach additional sheets if necessary.

Name and Title

_____

_____

_____

_____

Signatures

This application must be signed by the owner, or an executive officer; or by some person authorized to sign on their behalf. The application must be completed where applicable and the required fee remitted prior to the issuance of the tribal business license.

I hereby certify that the above is true and correct.

Date: _____

_____ _____

Signature Print Name

_____ _____

Signature Print Name

C.R.S.T. Revenue Department
P.O. Box 590
Eagle Butte, SD 57625
Physical Address: 417 N. Main Street
Telephone: (605) 964-7071 Fax: (605) 964-7070
Email: crrevenue@lakotanetwork.com
The license fee is $300 for Off-Reservation Residents
$150 for On- Reservation Residents