



COWLITZ INDIAN TRIBE APPLICATION FOR LIQUOR LICENSE

NOTICE: Application must be completed in its entirety and signed. No modifications of any kind may be made. Application must be completed by all persons or entities that sell, distribute, or manufacture liquor within the Cowlitz Indian Tribe's Indian country pursuant to the Tribe's Liquor Ordinance that was passed by Tribal Council Ordinance 16-02 on October 27, 2016. **PAYMENTS RECEIVED ARE NON-REFUNDABLE**. Please read the Instructions before completing this Application. Please type or write legibly.

TRANSACTION TYPE (check only one)

- | | |
|--|---|
| <input type="checkbox"/> New License Application | <input type="checkbox"/> Change in Ownership |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New or Changed Business Location |
| | <input type="checkbox"/> Other (identify: _____) |

TYPE OF LICENSE REQUESTED (check all that apply)

- | | |
|--|------------------------------|
| <input type="checkbox"/> Class 1 – Tribally-owned establishment covered by Liquor Memorandum of Agreement between the Cowlitz Indian Tribe and the Washington State Liquor and Cannabis Board. | Class 1 Fee: \$300.00 |
| <input type="checkbox"/> Class 2 – Retail Establishment licensed with the Washington State Liquor and Cannabis Board ("WSLCB"). Please provide the license number _____ and license type _____. | Class 2 Fee: \$300.00 |
| <input type="checkbox"/> Class 3 – Non-Retail entity, including distributors, importers, breweries, wineries, etc. Please provide WSLCB license number _____ and license type _____. | Class 3 Fee: \$100.00 |
| <input type="checkbox"/> Class 4 – Special Event License (1 to 4 days). Indicate date when special event starts: _____ (mm/dd/yyyy). Non-renewable. | Class 4 Fee: \$35.00 |
| <input type="checkbox"/> ANNUAL RENEWAL (Class 1 & Class 2) | FEE: \$100.00 |
| <input type="checkbox"/> ANNUAL RENEWAL (Class 3) | FEE: \$ 50.00 |

BUSINESS INFORMATION

1. BUSINESS NAME: _____
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____
3. BUSINESS STREET ADDRESS (including City, State and Zip Code): _____
4. BUSINESS MAILING ADDRESS (IF DIFFERENT): _____
5. BUSINESS TELEPHONE NUMBER: _____
6. BUSINESS FAX NUMBER: _____
7. EMAIL ADDRESS: _____
8. DATE LIQUOR SALES START(ED): _____

OWNER, CONTACT PERSON OR AGENT CONTACT INFORMATION

9. PRINCIPAL OWNER NAME (OR, IF CORPORATION, CONTACT PERSON OR AGENT): _____
10. PRINCIPAL OWNER MAILING ADDRESS: _____
11. PRINCIPAL OWNER TELEPHONE NUMBER: _____
12. PRINCIPAL OWNER FAX NUMBER: _____
13. COWLITZ TRIBAL MEMBER? YES NO IF YES, ENROLLMENT NO.: _____
14. ENROLLED AT ANOTHER INDIAN TRIBE? YES NO IF YES, NAME OF TRIBE: _____

ADDITIONAL BUSINESS INFORMATION

- 16. TYPE OF BUSINESS: FOR PROFIT NON-PROFIT
- 17. BUSINESS OF CLASSIFICATION: SOLE PROPRIETORSHIP NON-PROFIT CORPORATION*
 LIMITED LIABILITY COMPANY* I.R.S. 501(C) CERTIFIED ORGANIZATION
 OTHER (DESCRIBE): _____
- a. PLEASE INDICATE STATE(S) OR TRIBE(S) UNDER WHICH THE ENTITY WAS FORMED: _____
- 19. COWLITZ LEASE FOR BUSINESS PREMISES? YES NO
- 22. HAS THE PRINCIPAL OWNER PREVIOUSLY APPLIED FOR A COWLITZ LIQUOR LICENSE UNDER ANOTHER NAME? YES NO
If yes, under what name: _____
- 23. HAS ANY LIQUOR LICENSE HELD EVER BEEN SUSPENDED, REVOKED OR DENIED? YES NO
If yes, explain: _____
- 26. ARE YOU INSURED? YES NO
If yes, explain: _____

CONSENT AND VERIFICATION


27. BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF LICENSE:

Each licensee shall comply with all tribal laws, including but not limited to: Tribal liquor ordinance, tribal business and tax laws, Indian employment and contracting preference laws and applicable federal law governing the manufacture, distribution, and sale of liquor. The licensee is required to comply with any additional tribal laws as such laws are enacted by the Tribal Council, and obtain any other licenses or permits required by applicable law. Each licensee consents to the adjudicatory jurisdiction of the Cowlitz Indian Tribe as to any cause of action arising in connection with the sale of liquor within the reservation, at retail or wholesale.

Each retail licensee understands and agrees that retailers are not be permitted to buy liquor, beer or wine for resale except from distributors licensed by the Cowlitz Indian Tribe.

As a condition of licensure, each licensee shall respond in a timely manner to requests by the Cowlitz Indian Tribe for information about the licensee's business.

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I HAVE READ AND WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE COWLITZ INDIAN TRIBE.

 Signature: _____ Date: _____
Print Name: _____

Please make check/money order payable to "Cowlitz Indian Tribe." NO CASH ACCEPTED and at this time we CANNOT accept Credit Cards

Please mail or return your completed application and payment to:

Cowlitz Indian Tribe
Attn: Licensing Department
P.O. Box 2547
Longview, WA 98632
Phone: 360-577-8140
Email: cowlitzlcb@cowlitz.org

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

FEE PAID: _____ CHECK NO.: _____ DATE PAID: _____
LIQUOR LICENSE NO.: _____ DATE ISSUED: _____ DATE EXPIRES: _____
APPROVED BY: _____