



## VENDOR/GENERAL BUSINESS LICENSE APPLICATION

### CHECK LIST:

- \_\_\_\_\_ Copy of Drives License or State ID
- \_\_\_\_\_ Copy of Certificate of Liability
- \_\_\_\_\_ Copy of CDIB (if Tribal)
- \_\_\_\_\_ Filled out to its entirety
- \_\_\_\_\_ Page 2 and 3 signed and notarized
- \_\_\_\_\_ \$200.00 Annual Fee (Money Order/Cashier Check)
- \_\_\_\_\_ Provide a receipt

Received by: \_\_\_\_\_

Date: \_\_\_\_\_



**COMANCHE NATION TAX COMMISSION**  
**-APPLICATION FOR GENERAL BUSINESS LICENSE-**

The Application fee of \$200.00 is due at the time of filing the application. Please make checks payable to the Comanche Nation Tax Commission and deliver to:

Comanche Nation Tax Commission  
P.O. Box 1917 / 1915 East Gore Blvd  
Lawton, OK 73502 / 73501

Please supply the following along with any appropriate supporting documentation and a copy of DL:

**INFORMATION ABOUT APPLICANT**

1. Official Name of entity: \_\_\_\_\_
  
2. Names and Title of Shareholders/Partner/ Members/Owners/CFO  
CEO: \_\_\_\_\_  
(List on Separate Sheet of Paper if Necessary)
  
3. Contact Name: \_\_\_\_\_
  
4. Phone number: \_\_\_\_\_
  
5. Contact Email Address: \_\_\_\_\_
  
6. Creation Date of Entity: \_\_\_\_\_
  
7. EIN (if applicable): \_\_\_\_\_
  
8. Primary Address of Entity: \_\_\_\_\_  
\_\_\_\_\_
  
9. Authorized Agent Address: \_\_\_\_\_
  
10. List all licenses for which the Applicant has ever applied to the Commission, if any (whether issued or not):  
\_\_\_\_\_  
\_\_\_\_\_

**P.O. BOX 1917 • LAWTON, OK 73502**  
**1915 EAST GORE BLVD. • LAWTON, OK 73501**

11. List all insurance policies held by the Entity: Copy of Certificate of Liability Insurance:

---

---

12. Provide legal description of where Entity will be operating within the exterior boundaries of the Comanche Nation territory:

---

---

13. Provide description of all business activities the Entity will be engaged in within the exterior boundaries of the Comanche Nation territory:

---

---

14. On a separate sheet of paper please provide a full description of the Applicant's qualifications and business history and that of its officers, directors, or members.

15. List any present or previous contractual relationship of the Applicant with any Indian Tribe, tribal business entity or political subdivision of an Indian Tribe, if any:

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Commission Approval and Date

**Comanche Nation Tax Commission Office Use Only**

<b>Information Verified?</b>	
<b>\$200.00 Application Fee Paid?</b>	
<b>License Issued? If yes, list date</b>	

[Type here]



**ACKNOWLEDGMENT & RELEASE OF INFORMATION**

I, \_\_\_\_\_ (POC) state, I have provided truthful representations on this general business application regarding the licensing of myself and on behalf of . I understand that providing false information to deliberately obtain licensing can and will result in immediate rejection of application, and immediate revocation licensing (if license is granted). I further understand that by submitting this enrollment application \_\_\_\_\_ (POB) is required to respond in a timely manner to requests made by the Commission, comply with laws of the Comanche Nation and \_\_\_\_\_ (POB) authorizes the Comanche Nation Tribal Court to exercise jurisdiction over \_\_\_\_\_ (POB).

I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THE GENERAL BUSINESS APPLICATION IS TRUE AND CORRECT (material misrepresentations presented with this application for licensing may constitute grounds for the Comanche Nation to seek both legal and equitable remedies).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20 \_\_\_\_ , before me, \_\_\_\_\_ a notary public personally appeared, \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(es), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

[Type here]

P.O. BOX 1917 • LAWTON, OK 73502  
1915 EAST GORE BLVD. • LAWTON, OK 73501