

MUSCOGEE (CREEK) NATION TAX COMMISSION



BUSINESS REGISTRATION PACKET

Muscogee (Creek) Nation
Tax Commission
P O Box 579
Okmulgee, OK 74447

MUSCOGEE (CREEK) NATION LICENSE APPLICATION

MCN TAX COMMISSION
P. O. Box 579
Okmulgee, OK 74447

MCNRevSLA09-2009

Please read instructions before completing and print or type information.

Indicate the reason(s) for filing this form:

<input type="checkbox"/> New Business	<input type="checkbox"/> Additional licenses/permits
<input type="checkbox"/> Change in business location	<input type="checkbox"/> Change in business ownership
<input type="checkbox"/> Tobacco Retailers/Wholesalers License	<input type="checkbox"/> Change of Name
<input type="checkbox"/> Other (EXPLAIN) _____	

1. **How is business owned?**

<input type="checkbox"/> Individual	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> MCN Community	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (EXPLAIN) _____

2. _____ - _____ 3. (____) _____ - _____
Federal Employer's Identification Number (FEIN) Business Phone (Area Code & No.)

**OFFICE USE
ONLY**

Approved _____

Denied _____

OWNERSHIP INFORMATION

4. Name of Individual, Partnership, Community, or Corporation _____ Social Security Number (If Individual) _____

Mailing address (Street and number, P. O. Box, or rural route and box number) _____

City _____ State _____ ZIP Code _____ County _____

5. Names of Partners, Corporate Officers, Community Officers, and Managing Officer:

(a) _____
Name (Last, First, Middle Initial) Social Security Number Title

Mailing address (Street and number, P. O. Box, or rural route and box number) _____

City _____ State _____ ZIP Code _____ County _____

(b) _____
Name (Last, First, Middle Initial) Social Security Number Title

Mailing address (Street and number, P. O. Box, or rural route and box number) _____

City _____ State _____ ZIP Code _____ County _____

(c) _____
Name (Last, First, Middle Initial) Social Security Number Title

Mailing address (Street and number, P. O. Box, or rural route and box number) _____

City _____ State _____ ZIP Code _____ County _____

(If you need more space, attach additional pages.)

6. **A sole owner; general partner; corporate officer; community chairman; or authorized representative must sign this application.**

I, the undersigned applicant or authorized representative, declare under the penalties of perjury that I have examined this application and attachments and to the best of my knowledge the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the Muscogee (Creek) Nation and the rules and regulations of the Muscogee (Creek) Nation Tax Commission. I further acknowledge and agree that sales tax withholdings are trust funds for the Muscogee (Creek) Nation and that any use of these trust funds other than timely remittance to the Muscogee (Creek) Nation is embezzlement and can result in fines and/or criminal prosecution.

_____ sign here → _____ _____
Type or print name and title Signature Date

LICENSE APPLICATION
Complete one copy of this page for each location

MCN TAX COMMISSION
P. O. Box 579
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MCNRevSLA09-2009(2)

Please read instructions before completing and print or type information.

Page 2

**OFFICE USE
ONLY**

1. Name of Owner (Same as item 4, page 1) _____

2. FEIN or SSN _____

LOCATION INFORMATION

3. Trade name of business - DBA _____

Store Number _____

Physical location of Business (Street & number or directions - Do NOT use P. O. Box or Rural Route Number)

City _____

State _____

ZIP Code _____

County _____

() _____

Phone Number

() _____

Fax Number

Email Address: _____

4. Is this business located within the Muscogee (Creek) Nation Boundaries?..... Yes No

5. Are all sales from this location made within the Boundaries of the Creek Nation?..... Yes No

6. Principal type of business location: Retail Smoke Shop Mfg. Wholesale
 Other (please list) _____

7. List your principal taxable product(s) for this location: _____

8. Are you renting/leasing this business location Yes No

8a. If you answer YES, please give name/address of the lessor, and name of previous business, if known, in this location.

(Name of lessor, address)

(Name of previous business in this location)

9. If you have previously held a Muscogee Nation Tobacco or Sales Tax License, please list the number(s).

SALES TAX

10. Check what type of license is needed: Annual Temporary (10 days or less)

11. If you have more than one location, separate reports (Annual license only) should be filed for each location for each filing period. (A different license number will be assigned for each location.)

12. Date of first sales subject to Muscogee (Creek) Nation Tribal sales tax....(Month/Day/Year) ____/____/____

LICENSE APPLICATION
Complete one copy of this page for each location

MCN TAX COMMISSION
P. O. Box 579
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Please read instructions before completing and print or type information.

PAGE 3

13. VENDING LICENSE Date of first sales ____/____/____
(Month/Day/Year)

Check the type(s) of machine(s) operated:

TYPE I - Coin operated machine requiring 25 cents or more. No. of devices. [] []

Serial Number(s) _____

TYPE II - Coin operated machine requiring less than 25 cents. No. of devices. [] []

Serial Number(s) _____

OFFICE USE ONLY

Tribal Enrollment Verification:

Appl. Signed:

Appl. Dated:

Background Check Completed:

Lease/Landowner consent attached:

All attachments Provided:

14. FIREWORKS Date of first sales ____/____/____
(Month/Day/Year)

Check the type(s) of license(s) needed:

Annual Temporary (less than 30 days)

15. TOBACCO LICENSE

Check what type of license is needed: New Renewal

LICENSEE INFORMATION:

Name of Licensee: _____ Roll Number: _____

Mailing Address: _____ SSN: _____

Date you expect to begin operation: _____

Please attach a list of all smoke shop employees, include names, birth dates, and social security numbers.

16. TOBACCO VENDING MACHINE Date of first sales ____/____/____
(Month/Day/Year)

Machine Brand Name: _____

Serial Number: _____

Location of Machine: _____

Address: _____
P O Box/Street Address City, State Zip

17. WHOLESALERS LICENSE

Check what type of license is needed: New Renewal

LICENSE APPLICATION FEE SCHEDULE

MCN TAX COMMISSION
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MCNRevSLA09-2009(4)

Please read instructions before completing and print or type information.

_____ 1. Name of Owner <i>(Same as item 4, page 1)</i>	_____ - _____ - _____ - _____ - _____ 2. <input type="checkbox"/> FEIN or <input type="checkbox"/> SSN
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NOTICE: All registration and license fees must be paid with the Sales License Application. Failure to include the fees will delay the processing of your application.

Please check (✓) the appropriate space(s) for the license(s) and permit(s) that you are applying for and enter the applicable fee amount in the TOTAL column at the far right.

<u>LICENSE OR PERMIT TYPE:</u>	<u>BASIC FEE</u>	<u>TOTAL</u>
<input type="checkbox"/> Sales License - Annual	\$ 20.00	_____
Additional locations # of Locations (____)	\$ 20.00	_____
<input type="checkbox"/> Sales License - Temporary (10 days)	\$ 50.00	_____
<input type="checkbox"/> Vending License		
<input type="checkbox"/> Type I # of Decals (____)	\$ 20.00	_____
<input type="checkbox"/> Type II # of Decals (____)	\$ 5.00	_____
<input type="checkbox"/> Fireworks License		
<input type="checkbox"/> Annual # of Locations (____)	\$ 500.00	_____
<input type="checkbox"/> Temporary - (30 days) # of Locations (____)	\$ 50.00	_____
<input type="checkbox"/> Tobacco License - New/Renewal	\$ 100.00	_____
<input type="checkbox"/> Tobacco Vending License # of Decals (____)	\$ 20.00	_____
<input type="checkbox"/> Wholesalers License	\$ 200.00	_____
Make Check payable to the Muscogee (Creek) Nation Tax Commission	TOTAL DUE	\$ _____

LICENSE APPLICATION INSTRUCTIONS AND DEFINITIONS

GENERAL INSTRUCTIONS

Please review each section of the registration form and complete those sections which apply. Your application must SIGNED and RETURNED with the correct fee amount before your registration can be processed.

If you have questions concerning the Muscogee (Creek) Nation licensing and registration requirements, please call our office (918) 756-6374.

SPECIFIC INSTRUCTIONS FOR APPLICATION PAGE 1.

These instructions and definitions refer to certain items and page numbers on the License Application. Page 1, items 1 through 6 and page 2, items 1 through 9, must be completed. Any other sections which apply to your business must also be completed.

REASONS FOR FILING THIS FORM (Page 1) - check the appropriate box.

- | | |
|---|---|
| New business - | Check if you are a new business registering with the Muscogee (Creek) Nation and do not have a license or permit. |
| Additional licenses/permits - | Check if you already have a license/permit and are applying for additional licenses/permits. |
| Change of business location - | Check if you have moved your business to a new location. |
| Change of business ownership - | Check if you are changing the ownership of your business. |
| Change of name - | Check if you are changing the trade name of your business. |
| Tobacco Retailers/Wholesalers license - | Check if you are applying for a tobacco retailers/wholesalers license. |
| Other - | Explain your reason for filing this form. |

Item 1. **OWNERSHIP** - Check the box which indicates how your business is owned:

- INDIVIDUAL - A business which is owned directly by one person.
- PARTNERSHIP - A business owned by two or more persons each of whom are liable for the debts of the partnership.
- CORPORATION - A legal entity which acts as a person, separate from its members or shareholders. It must have filed Articles of Incorporation or Domestication with the Office of the Secretary of State.
- OTHER - Identify the type of organization (example: business trust, personal trust, government entity, etc.)
- MCN COMMUNITY- A business owned and operated by a Muscogee Nation Chartered Community.

Item 2. **FEDERAL EMPLOYER'S IDENTIFICATION NUMBER** - You must have a Federal Employer's Identification No. (FEIN):

- If you pay wages to one or more employees or;
- If you are a corporation, trust, estate, limited partnership, limited liability company or non-profit organization (church, club, etc.).
- * If you are an individually owned business - use your social security number here.

Item 4. **OWNERSHIP INFORMATION** - If you are a/an:

- Individual - Print your name (last name, first name, and middle initial), and social security number.
- Partnership - Print the name of your partnership.
- Corporation - Print the corporate name as it appears on your Articles of Incorporation or Domestication. You must attach a copy of your Certificate of Incorporation or Certificate of Authority.
- MCN Community - Print the name of your community.

Item 5. NAMES OF PARTNERS, CORPORATE OFFICERS, COMMUNITY OFFICERS, AND MANAGING OFFICER -
Print the name (last name, first name and middle initial) social security number, title and mailing address of all partners, responsible corporate or community officers, and managing officer. If you need more space, attach additional pages.

Item 6. The application will not be processed if it is not signed by the proper party.

INSTRUCTIONS FOR LICENSE APPLICATION PAGE 2 & 3.

LOCATION INFORMATION - If you own more than one location, you must complete a separate page 2 for each location. In the upper right corner of page 2, indicate the number of Page 2's attached.

Item 3. Enter the trade name, physical address, phone number, fax number, and email address of the business.

Item 4. Indicate whether the business is located within the Muscogee (Creek) Nation's territorial jurisdiction.

Item 6. Indicate the principal type of business.

Item 7. List the primary type of goods or services to be sold at this location. Be specific. (Example: smoke shop, service station, grocery store, etc.)

Item 8. Indicate whether the business location is leased or rented. If so, provide the name and address of the lessor as well as a copy of the Bureau of Indian Affairs approved lease.

Item 9. List the most recent license number issued by the Muscogee (Creek) Nation Tax Commission.

Item 10. SALES TAX

Sales Tax - Generally, sales tax is due on the transfer of either title or possession of tangible personal property if the transfer occurs on Indian Country. Indicate which type of license is needed by checking the appropriate box.

Item 11. FILING REPORTS

Sales Tax- Separate reports must be filed for each location for each monthly filing period. Reports are due by the 20th day of the month following the month for which the sales tax is collected.

Tobacco- Separate reports must be filed for each location for each monthly filing period. Reports are due by the 15th day of the month following the month for which the tobacco sales are made.

Wholesalers- A report must be filed each month. The report is due by the 15th day of the month following the month for which the tobacco taxes are collected.

Items 13-17 Complete as required.

INSTRUCTIONS FOR LICENSE APPLICATION PAGE 4.

Please complete page four (4) by indicating all registration and or license fees due with your application. Please write your Social Security Number (SSN) or Federal Identification Number (FEIN) on the top of page 4 (Fee Schedule). Enclose your remittance for the total amount due with your completed application packet.