



APPLICATION FOR LIQUOR RETAILER LICENSE

New Application: _____

Renewal: _____

If Renewal, please list current license number: _____

FOR OFFICE USE ONLY

License Number: _____

Date Issued: _____

Processed By: _____

Check One (1) Only:

Separate applications must be completed for each type of license requested

RETAILER - RESTAURANT - BEER/WINE

RETAILER - RESTAURANT - SPIRITS

RETAILER - HOTEL/MOTEL- BEER/WINE

RETAILER - HOTEL/MOTEL - SPIRITS

RETAILER - SPECIAL EVENT - BEER/WINE

RETAILER - SPECIAL EVENT - SPIRITS

1. Corporate or Company Name :

2. Federal Employer's Identification Number (EIN) :

3. Business/Mailing Address :

(City, State, Zip)

Phone No: _____

4. Physical Location of Business within the Navajo Nation (*if applicable*) :

(Street Address)

(City, State)

5. Land Status of Business Site :

_____ Tribal Trust

Business Site Lease Number : _____

_____ Allotment

Expiration Date : _____

_____ Fee (Private)

_____ Other (Explain) _____

6. Type of Business (Check One) :

_____ Sole Proprietorship

_____ Partnership

_____ Governmental Entity or Enterprise

_____ Corporation

_____ Other (Explain) _____

7. Contact Person :

Phone Number, if different from #3 (Above).

Title : _____

Email Address: _____

For Question 8, please indicate N/A if not applicable.

8.a. List names, titles and addresses of all **corporate officers** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.b. List names, titles and addresses of all **directors** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.c. List names, titles and addresses of all **general partners** of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

8.d. List names, titles and addresses of all **shareholders*** with controlling interests in your business (attach additional pages if necessary)

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

*if ≤ 15 shareholders, list all; if more than 15 shareholders, list those with $\geq 5\%$ of ownership

8.e. List names, titles and addresses of all principal officers of your business (attach additional pages if necessary) :

<u>Name and Title</u>	<u>Mailing Address</u>
1 _____ _____	_____ _____
2 _____ _____	_____ _____

9. Has the applicant, or any officer or director thereof, ever been convicted of a felony?

Yes No

If yes, explain : _____

10. Has the applicant, or any officer or director thereof, been found to have violated any applicable Navajo Nation or federal law within the past 10 years?

Yes No

If yes, explain : _____

11. Has the applicant, or any officer or director thereof, had any temporary or permanent suspension or revocation of any license or other authorization pertaining to the transportation, sale, delivery, or consumption of liquor?

Yes No

If yes, explain : _____

12. Submit Proof of Insurance.

13. Provide a legal description and a map showing the location of the desired liquor sales. Indicate whether there are any churches or schools within 300 feet of the location.

14. Please indicate your agreement to the terms and conditions of this license by signing the attached "Terms and Conditions". Failure to do so will result in a denial of your license application.

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation laws and regulations.

Licensee or Duly Authorized Agent Signature

Title

Print or Type Name

Date

Mail the entire application packet, along with the required application fee to:
Office of the Navajo Tax Commission
P.O. Box 1903
Window Rock, Arizona 86515

For Overnight/Express Delivery (FedEx, UPS, etc) our Physical Address:
Office of the Navajo Tax Commission
Karigan Professional Office Complex
Hwy 264, 100 Taylor Road, Suite 115
St. Michaels, Arizona 86511