

SHOSHONE & ARAPAHO TRIBES OF THE WIND RIVER RESERVATION
TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO)

2024 BUSINESS LICENSE PERMIT APPLICATION

Non – Tribal Member

1. Name of Business: _____
○ General Contractor
○ Sub-Contractor
○ Vendor
○ Other _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____

2. Owner: _____ State Tax ID# _____
State Driver's License#: _____
Address: _____
Phone: _____ Fax: _____
Cell: _____ Email: _____

3. Owner: _____ State Tax ID# _____
State Driver's License#: _____
Address: _____
Phone: _____ Fax: _____
Cell: _____ Email: _____

***Please provide copies of State ID or any other forms of Identification.**

4. Form of Business: (Corporation, Partnership, Sole Proprietorship, or other) *Include copy of agreements, partnership, Certificate of Assumed Business name, LLC Operating Agreement, 501(c)3 Certification and related documents, etc...

5. Brief Description of what your Business will be doing on the Wind River Indian Reservation:

6. Will the proposed business be using any vendors to conduct their operations?

Yes () No ()

7. If yes please attach a complete list of vendors and their addresses. **(These vendors must be approved for a Vendors Permit & Business License from TERO before any work is done on the Wind River Indian Reservation)**

8. Does your business carry insurance, bonding coverage, safety handlers cards, certifications, etc?

Yes ___ No ___ *If yes, please provide copies/proof.

9. What year was your business established? _____

10. Has your business ever held a TERO license previously? Yes ___ NO ___

If yes, under what name and year certified? _____

I hereby certify that the information provided in this application is true and complete to the best of my knowledge.

Signature of Applicant:

_____	_____
Signature	Date
_____	_____
Print Name	Title

DO NOT SIGN BELOW THIS LINE-TERO PERSONEL ONLY

I hereby attest that the above information was submitted to me on this day _____
Of _____, Year _____

_____	_____
Signature	Date
_____	_____
Print Name	Title

Mail to:

**Tribal Employment Rights Office
P.O. Box 460
156 Old Wind River Hwy
Fort Washakie, WY. 82514**

Telephone: 307-332-7618 or 307-332-9093

\$100 Business License Fee – Make Check or money order payable to TERO.

Section 12-1-2 Business License Requirement

Every Person who carries on business activity within the exterior boundaries of the Wind River Indian Reservation must obtain Wind River Tribal Business License for the business that will be carried on.

Section 14-75 License Good One Calendar Year

Business License shall be good for one calendar year. Each license shall expire on January 31st of each year unless it is renewed by that date.