

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

**2025 BUSINESS LICENSE PERMIT APPLICATION**

**Indian Owned – Tribal Members**

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

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

2. Percentage Indian Owned: \_\_\_\_\_ %

3. Owner: \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

State Driver's License#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Owner: \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

State Driver's License#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\* For Each Indian Owner: provide name, address, Tribal affiliation, enrollment number, percent of ownership, amount invested if firm, method of investment (cash, equipment, loans, etc), position in firm, voting percentage.

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  
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 31<sup>st</sup> of each year unless it is renewed by that date.