



2026 Vendor Application

E. Shoshone & N. Arapaho Tribes Tribal Employment
Rights Office- TERO
P.O. Box 460 Fort Washakie, WY 82514
(307) 332-9093/(307) 332-7618 Office

Business Name: _____

Circle One: Indian Owned Non-Indian Owned

Contact Person (Please print): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company Website/Social Media: _____

Type of Business/Product/Merchandise:

Do you have Food Handler's License: Yes No *If yes, provide copies.

Do you have insurance: Yes No *If yes, please provide copies.

Please list Vehicle descriptions and license plate numbers of all vehicles operating under this permit: (attach additional sheets if necessary):

Vehicle Description (year, make, model)

License Plate Number

State

List Names of employees/individuals who will be conducting business under this permit:
(attach additional sheets if necessary): *Must provide valid copies of ID's for all listed.



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\$100 License Fee is required – Make check or money order payable to **TERO**.

Mail To:

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

*A Vendor license is required for those who engage in temporary business, or contracting for services, or the selling of beverages, food, goods, wares and merchandise within the Exterior Boundaries of the Wind River Indian Reservation.

* Vendors must ensure permission from property owners, businesses, etc. before setting up for business.

*Please respect the property and ensure the area is safe and clear. Maintain a safe environment at all times.

*Failure to follow guidelines will result in fines/fees and possible suspension of license.

Resolution No. 2008-988 states any business not submitting a completed Vendor Permit Application may be denied the right to conduct or continue conducting business on the Wind River Reservation.

The Vendor Permit Application must be approved by TERO before conducting business on the Reservation.

Company's Authorized Representative's Signature _____ Date: _____

TERO Director/Representative _____ Date: _____

Approval: Yes: _____ No: _____