

Business Registration Certificate - Doing Business As (DBA)

Persons Conducting Business Under Assumed Name or Partnership

FOR OFFICE USE ONLY	
DBA No:	_____
Filed:	_____
Expires:	_____
Dissolved:	_____

The undersigned hereby certifies, under the provisions of WOS 2006-009 and REG-WOS 2006-009, that the following person(s) now owns, conducts, transacts, or intends to own, carry on, conduct, or transact a business, or maintain an office or place of business within the jurisdiction of the Tribe, under the name, designation, or style set forth below:

Please submit completed form to the LTBB Department of Commerce with a copy of your Tribal ID. The filing fee is \$15.00, which can be made payable to 'LTBB Dept. of Commerce' if paying by check or money order. NOTE: The filing fee is waived for Military Veterans.

Business Information:

Name of Business		Type of Business	
Address of Business		City, State, Zip Code	Check one: City or Township

Name(s) of Person(s) owning, conducting, transacting, or composing the above business, and the home or post office address of each:

(1) Printed Name of Owner	(1) LTBB Enrollment #	(1) % Ownership of the Business
(1) Address of the Business Owner	(1) Contact Phone Number of Business Owner	
(2) Printed Name of Owner	(2) LTBB Enrollment #	(2) % Ownership of the Business
(2) Address of the Business Owner	(2) Contact Phone Number of Business Owner	

General Partnership Certificate: The undersigned hereby certifies under the provisions of WOS 2006-009 and REG-WOS-2006-009 that the business IS or IS NOT a partnership. If the business IS a partnership, fill in the blank below:

The length of time in which the general partnership is to continue: _____
(Insert either the term agreed upon by the partners, or the statement "NOT LIMITED".)

Signature of all business owners listed above: *(must be acknowledged before a Notary Public):*

_____	_____
(Signature)	(Signature)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____ by all persons listed above.
 (Signature) _____

(Print) _____

Notary Public for: _____

My Commission Expires: _____