

APPLICATION FOR NOTARY PUBLIC COMMISSION

Application Fee: 10.00

Check One

	application.)		·			
AME:	Last	First		Mid	dle	
KA: _	(List all other names used	d within the past five (5) years:	alias names, maio	len names, pre	evious mai	rried names)
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cial Sec			City phone No.:	State		Country
applicable: arollmer	nt Number:	If applicabl Tribe:	e 			
PHYSIC ADDRE	SS:					
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lduogga	P	rior Addresses for the La	ast 5 years.			
ldress:	Number and Street	City		State or Province	Zip	County
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ldress:	Number and Street	City		State or Province	Zip	County
	Please use additional paper	r if needed and attach to this	application.			
the foll (1)	hysical address listed above lowing below: 1) If you reside or own a busin 2) If you are an employee of the 3) If your regular place of work	ess within the LTBB Reserva te Little Traverse Bay Bands	ation boundarie of Odawa India	s please list. ins please lis	OR	st complete one
	Employer's Or Business Name			Telephone NO.		
	Employers Physi	cal Address Or Business Addr	ess	You	ır Positio	n
	City	State	Zip code	Lon	ath of an	nployment

The Enrollment Office may request other information it deems appropriate.					
*Have you filed for bankruptcy within the past 5 years? if so please list the date	_				
If any of the following apply to you please describe the incident and the date it occurred.					

- 1. All issuances, denials, revocations, suspensions, restrictions, and resignations of a notary commission, professional license, in this or any other tribe, state or nation;
- 2. All criminal convictions including any pleas of admission or contest, in this or any other jurisdiction;
- 3. All claims pending or disposed against a notary bond you held and all civil findings or admissions of fault or liability regarding your activities as a Notary, in this or any other jurisdiction;
- *Please use additional paper if needed and attach to this application.*

Description	Date of Action

I, the undersigned, in making this application for a Notary Public Commission, do hereby swear that:

- 1. I am at least eighteen years old as listed above;
- 2. I reside or I have a regular place of work or business within the boundaries of the Little Traverse Bay Bands of Odawa Indian's reservation;
- 3. I am an enrolled LTBB Citizen OR enrolled in another Federally Recognized Tribe OR employed by the LTBB;
- 4. I have legal residency in the United States;
- 5. I am able to read and write;
- 6. I understand that I may be required to submit documentation for a full criminal background check.

I, the undersigned applicant, further state that I submit this application to be appointed a notary public pursuant to the current WOS Tribal Notary Public Statute. I also agree to the jurisdiction of LTBB Tribal Courts for all legal matters arising out of statements made on this application and any matters in controversy arising from actions taken as an LTBB notary.

Declaration of Applicant

Α.

A declaration that the applicant is a citizen of the Little Traverse Bay Bands of Odawa Indians or another Federally Recognized Tribe or is an Employee of the Little Traverse Bay Bands of Odawa Indians and documentation of proof;

Signature of Notary