



Registration for Tribal Business License

Tribal business in Tax Agreement Area (not TTL)

1. Federal Employer Identification Number, if known

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Type or print in blue or black ink.

2. Company Name or Owner's Full Name (include, if applicable, Corp, Inc, PC, LC, LLC, LLP, etc.). Required.			
3. Business Name, Assumed Name or DBA			
Legal Address (required)	4. Address for all legal contacts (street and number-no PO boxes).		Business Telephone
	City	State	ZIP Code
Mailing Address	5. Address, if different from Box 4, where all tax forms will be sent, unless otherwise noted.		
	City	State	ZIP Code
Physical Address	6. Address of the actual Reservation location of the business, if different from above (street number-no PO boxes).		
	City	State	ZIP Code

7. Enter the Business Ownership Type code from Page 2 (Required) 7.

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 If your business is a limited partnership, you must name all general partners beginning on line 23.

8. Jurisdiction under whose laws business entity is organized 8. _____

9. Enter Business Code (SIC) that best describes your business from the list in this booklet 9.

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10. Define your business activity	11. What products, if any, do you sell (sold to final consumer)?
What Michigan taxes are you required to collect and remit.	
12. <input type="checkbox"/> Sales Tax	13. <input type="checkbox"/> Use Tax
	14. <input type="checkbox"/> Withholding Tax
15. <input type="checkbox"/> No state sales, use or withholding tax liability	15a. <input type="checkbox"/> I prefer not to register as a Tribal Business
<p>This option is only available if you have no Michigan sales, use and withholding tax liability and you do not wish to have your business reported to the State of Michigan as a Tribal business. By checking this box you acknowledge that you will not be entitled to any benefits allowed for Tribal businesses under the Tax Agreement between the Little River Band of Ottawa Indians and the State of Michigan.</p>	

Check the box if these other products will be sold: If boxes 16 or 17 are checked, enter location of storage.

16. Motor Fuel (including gasoline, diesel fuel, etc.) Location of storage tanks: _____

17. Tobacco Products Location of inventory storage: _____

18. Enter the number of business locations you will operate within the Tax Agreement Area 18. _____
 If more than 1, attach a list of names and addresses.

19. Enter the month, numerically, that you close your tax books (for example, enter 12 for December) 19.

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Continued on reverse side.

20. Seasonal Only: (Your business is not open continuously for the entire year)

a. Enter the month, numerically, this seasonal business opens

20a.

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b. Enter the month, numerically, this seasonal business closes

20b.

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21. If you are incorporating an existing business, or if you purchased an existing business, list previous business names and account numbers, if known.

Business Name and Address			Account Number				

22. If business qualifies as a Tribal entity, attach copies of the business' charter, articles of incorporation or organization and other information verifying the ownership of such business by the Tribe or Tribal members.

Complete all the information for each owner or partner. For limited partnership you must list all general partners. For limited liability companies you must list all members. For corporations you must list all officers, but do not include shareholders who are not officers. Attach a separate list if necessary.

I certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief.

23. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number
Tribal ID #	Social Security Number	Signature	

24. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number
Tribal ID #	Social Security Number	Signature	

25. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number
Tribal ID #	Social Security Number	Signature	

26. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number
Tribal ID #	Social Security Number	Signature	

Questions regarding this form should be directed to the Tax Department at 231-723-8288 Ext. 6874. Submit this form six weeks before you intend to start your business. Mail to: Little River Band of Ottawa Indians Tax Department 375 River Street Mansitee, MI 49660 Fax to: 231-398-6863

Instructions for Completing Form ACC811b, Registration for Tribal Business Tax License

Lines not listed are explained on the form.

Line 1, Federal Employer Identification Number (FEIN). The Internal Revenue Service (IRS) issues the FEIN. If you need an FEIN, contact the IRS at 1-800-829-3676 and ask for Form SS-4, or visit the IRS Web site at www.irs.ustreas.gov/formsupbs/index.html to download the form.

Line 2, Company Name. If your company is a partnership or corporation, enter the appropriate indicator in this box: LLP, LLC, Corp, Inc, PC or LC. If your business is a sole proprietorship, enter the owner's name here and the business name on Line 3.

Line 4, Legal Address. Enter the street address where your books and records are kept for audit purposes. You must also receive mail there.

Line 5, Mailing Address. This may be a Post Office box or any other address where you want business tax forms mailed.

Line 6, Physical Address. Enter the physical address if the actual location of your business is different from the legal address, line 4.

Line 7, Business Ownership Type Code. Using the list below, enter the business type code for which you are registering.

Sole Proprietor	10
Husband/Wife Proprietorship	20
Limited Partnership	33
-Submit a list of all general partners – lines 23-26.	
Any Other type of Partnership	30
Limited Liability Company (LLC,LC,LLP)	34
Michigan S Corporation	41
Michigan Professional Corporation	42
Any Other Michigan Corporation	40
Any Non-Michigan S Corporation	51
Any Other Non-Michigan Corporation	50
Trust or Estate (Fiduciary)	60
Joint Stock Club or Investment Company ...	70
Social Club or Fraternal Organization	80
Any Other Type of Business	90

Line 8, Jurisdiction. Enter the jurisdiction under whose laws the business entity is organized.

Line 9, Business Code. Locate the three-digit code that best describes your business on the list of Standard Industry Codes (SIC) on pages 3 and 4 in this booklet and enter that code on line 9.

Line 10, Business Activity. Briefly describe the specific business activity or affairs the business will be transacting or conducting on Tribal and trust land.

Line 11, Products You Sell. Briefly describe what products you will sell to the final consumer.

Line 12 to 14, Taxes. Check the box for each tax type you expect to pay.

Line 15. Check this box if your business is not subject to Michigan sales, use or withholding tax. You may check box 15a. if you choose not to register with the State of Michigan as a Tribal business.

Line 16. Check this box if your business will be selling motor fuel.

Line 17. Check this box if your business will be selling cigarettes and/or other tobacco products.

Line 18, Number of Locations. Enter the number of locations that will need a Tribal Business Tax License.

Line 19, Fiscal Year. Enter the two-digit number that corresponds to the month in which you close your tax books. For instance, if your tax year is from July to June, enter "06" for June.

Line 20, Seasonal business. Complete this only if your business is not open the entire year. Enter two two-digit numbers corresponding to the months your business opens and closes, respectively. For example, if your business is open from October to May, enter "10" on the first line and "05" on the second line.

Line 21. If your business succeeds or replaces an existing business or businesses because of incorporation, purchase or merger, provide the names and account numbers of those previous business(es).

Lines 23 to 26. You must supply at least one name. If there are more than four owners or partners (other than non-officer shareholders), attach a separate sheet of paper.

Note: You must provide a signature certifying that the information provided on the form is true, correct and complete to the best of your knowledge and belief.