

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: *Information within this business information section, including the business owner's first and last name, is available to the public.

Name of Business		Type of Business	
Address of Business		City, State, Zip Code	Business Phone Number
		Business Email	

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: _____