SQUAXIN ISLAND TRIBE
Department of Community Development
BUSINESS REGISTRY

Name of Business

Type: Sole Prop Partnership Corporation Other:

Owner(s):

Address:

City: State: Zip:

Phone: Pager/Cell Phone:

FAX:

E-Mail:

Business Licenses: Type:

Certifications:

Employer Identification Number:

Types of Services or Products (include Brand Names applicable)

References (Name and Phone Number)

(If applicable)

Tribal Affiliation: Enrollment Number:

(Please return form to Squaxin Island Tribe, 70 SE Squaxin Lane, Shelton, WA 98584 Attn: Pam Hillstrom)