

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)