



# COUNCIL ANNETTE ISLANDS RESERVE



Metlakatla Indian Community

Albert G. Smith, Mayor  
Judith Eaton, Secretary  
Darcy Booth, Treasurer

Established 1887

Post Office Box 8  
Metlakatla, Alaska 99926  
Phone (907)886-4441  
Fax (907)886-7997

## 2023 BUSINESS PERMIT APPLICATION

Application fees are as follows: \$100.00 to a non-resident or non-member and \$50 to a resident bona-fide member. If you are operating more than one business you are required to submit applications for each business identifying different names and different locations.

_____	_____	_____
Date of Application	Phone #	Name of Business
_____		
Mailing Address		
_____		
_____		_____
Owner		Product/Business
_____		_____
Manager (If different than owner)		Business Location

All permits are valid during One Calendar Year. Non-Resident Business may be allowed for project duration ending December 31 or 1 wk to 1 month, depending on the business and circumstance

Permits may be revoked by the Executives for good cause. Failure to comply with sanitary laws and regulations shall be regarded as good cause. Engaging in unlawful business is good cause.

⇒ } **PERMITS ARE NOT TRANSFERABLE** { ←

The undersigned applicant agrees to comply with the applicable laws, including taxing provisions, of the Metlakatla Indian Community and recognize that any violation of the Community Laws may result in revocation of their business license. The undersigned also submits to the jurisdiction of the Metlakatla Court System in any action for the Purpose Of Regulating Businesses. Applications are to be made on a calendar year basis. Any person doing business within the exterior boundaries of the Reservation must submit an application for a business license within 60 days of opening for business.

By placing my signature below, I understand all the information listed above.

\_\_\_\_\_  
Signature of Owner/Manager

M.I.C. Determination	
Granted <input type="checkbox"/> M.I.C. Business Lic # _____	_____
	Authorized M.I.C. Official
Rejected <input type="checkbox"/> M.I.C. Receipt # _____	_____
	Date