



**MOAPA BAND OF PAIUTES**  
Department of Taxation and TERO  
P.O. Box 340  
Moapa, NV 89025  
Telephone: (702) 865-2787  
Fax: (702) 865-2875

## SPECIAL EVENTS LICENSE APPLICATION

**Instructions:** This form must be completed by the individual that is applying for the business license. All spaces must be filled out fully. **Incomplete applications will not be processed.** Print clearly and legibly. Please sign and return the original application to the Moapa Band of Paiutes Department of Taxation and TERO.

**Applications must be submitted no later than 10 business days before the event.**

Name of Applicant \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Business email: \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Your Business Located on the Moapa Band of Paiutes Reservation?  Yes  No

Business Opening Date: \_\_\_/\_\_\_/\_\_\_ E.I.N. \_\_\_-\_\_\_-\_\_\_ or Social Security Number \_\_\_-\_\_\_-\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Limited Liability Co.  Corporation

Other (Specify \_\_\_\_\_) What State or Tribe was this business formed in? \_\_\_\_\_

Please check **ONE** which best describes the nature of your business.

Catering/Food Services  Construction  Maintenance/Landscaping

Arts & Crafts/Beading  Novelties & Apparel  Events and Entertainment

Mining

Please specify in **detail** the nature of your business:

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**Identification of Owner (and spouse if married) Partners, Corporate Officers, Members and/or Managing Members or Officials** (if more space is needed. attach a separate sheet)

Name (Last, First, M.I.) Soc. Sec. No. Title % Owned Residence Address Phone Number

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*United States Public Health Service (USPHS) Environmental Health Officers working for Indian Health Service will be conducting inspections throughout the event and will verify that each vendor selling food to the public have valid permits and licenses. A copy of the Temporary Food Vendor Guidelines which identifies most items that the inspector will look for while out during the event is available from the Moapa Paiute Travel Plaza or by mail or email from the Department of Taxation and TERO.*

*Please be advised that the Moapa Band of Paiutes requires all vendors who sell food on reservation land to have valid Tribal Business Licenses issued by the Tribe. **Valid Food Handlers Health Cards issued by the Southern Nevada Health District or equivalent agency are required of all workers in a food preparation vendor's booth.***

**Insurance Requirements:** The Tribe may at its option require the applicant to provide certificates of insurance naming the Moapa Band of Paiutes as an additional insured with coverage limits acceptable to the band

**I, the undersigned, do hereby agree to abide by the Moapa Band of Paiutes Laws, Ordinances, and Regulations and by any Federal Regulations that may apply in conduct of business on the Moapa River Indian Reservation. I understand that I am responsible to collect and remit to the Tribe the current sales tax on all transactions before leaving the venue of the event. Under penalty of perjury I (we) declare that the information on this document is true and correct. False information will result in disapproval and/or revocation of my business license.**

Signature if Licensee \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Date Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date License Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Issued By \_\_\_\_\_  
Bus License # \_\_\_\_\_ CK# \_\_\_\_\_  
If not approved, why? \_\_\_\_\_ Notification Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

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MOAPA BAND OF PAIUTES DEPARTMENT OF TAXATION

ONE TIME SALES TAX RETURN

TID No.:

To Be Returned End of Day on the Date of Event

Remit Payment to the Address Below:
PO Box 129
Moapa, NV 89021-0129

Name of Event: Event Date:
Location of Event:
Name of Business or Individual: Phone No.:
Business Address: EIN/SSN:
City, State: Zip:
Gross Taxable Sales: Tax Rate: 8.375% Sales Tax Due:

Signature: Assigned Space No.:
Owner/Partner/Corporate Officer

Pursuant to Regulation every vendor who makes sales more than twice in a 12 (twelve) month period must register with the Tribe for a Sales Tax Permit and file returns. Payments by check or money order should be made out to the Moapa Band of Paiutes, Department of Taxation. Sales taxes are due in full on the day of the event. MBOP Tax Code 8:823 NRS 372.800 and NRS 372.805

DEPARTMENT COPY

MOAPA BAND OF PAIUTES DEPARTMENT OF TAXATION

ONE TIME SALES TAX RETURN

TID No.:

To Be Returned End of Day on the Date of Event

Remit Payment to the Address Below:
PO Box 129
Moapa, NV 89025-129

Name of Event: Event Date:
Location of Event:
Name of Business or Individual: Phone No.:
Business Address: EIN/SSN:
City, State: Zip:
Gross Taxable Sales: Tax Rate: 8.375% Sales Tax Due:

Signature: Assigned Space No.:
Owner/Partner/Corporate Officer

Pursuant to Regulation every vendor who makes sales more than twice in a 12 (twelve) month period must register with the Tribe for a Sales Tax Permit and file returns. Payments by check or money order should be made out to the Moapa Band of Paiutes, Department of Taxation. Sales taxes are due in full on the day of the event. MBOP Tax Code 8:823 NRS 372.800 and NRS 372.805

SELLER'S COPY

Formula for sales Tax: Gross \$ Sales \$ X 0.07727797000 = Sales Tax \$ Owed \$

Gross Dollars Sales \$ X 0.92272203000 = Sales Tax Due \$ X 0.08375 =

If they have a cash register, use their register reading