



**CONFEDERATED SALISH & KOOTENAI TRIBES  
BUSINESS/PERMIT APPLICATION**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Description of Business \_\_\_\_\_  
\_\_\_\_\_

If incorporated, please provide Articles of Incorporation

Length of Lease Requested \_\_\_\_\_ Month/Years

Date you request the lease to begin \_\_\_\_\_ End \_\_\_\_\_

Location Requested \_\_\_\_\_

Proposed Annual/Monthly Rental Payment \_\_\_\_\_

Acreage Requested \_\_\_\_\_

Business Plan Submitted? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you are planning a new construction, please submit site and building plans, along with business plan proposal.**

All Applications must be completed and submitted to:

Confederated Salish Kootenai Tribes  
Tribal Lands Department  
ATTN: Tara Irvine  
PO Box 278  
Pablo, MT 59855

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FOR OFFICE USE ONLY:

Change of land use \_\_\_ Yes \_\_\_ No

NEPA checklist completed \_\_\_ Yes \_\_\_ No

Additional NEPA Requirement \_\_\_ Yes \_\_\_ No

COMMENTS: