

◆ ◆ ◆ ◆ **2022 WESTERN REGIONAL WIOA/477 TRAINING** ◆ ◆ ◆ ◆

November 7-11, 2022

Wild Horse Pass Hotel & Casino | 5040 Wild Horse Pass Blvd, Chandler, AZ 85226

VENDOR/EXHIBITOR REGISTRATION

Vendor space is available for the Western Regional WIOA 166/477 Training on the above dates.

Cost plus 1 raffle item (at a \$50.00 value) for full conference (1 table and 2 chairs provided)

Must Check One:

American Indian Community Vendor \$150.00

Non-Profit \$250.00

Tribal Enterprise \$300.00

Private Business \$725.00

Deadline for submission: October 7, 2022

Terms of Agreement

Application for space and its acceptance constitutes a contract to use the space assigned. The Western Regional WIOA 166/477 Training retains the right to assign and/or change exhibit locations due to unavoidable problems of parties involved. The Western Regional WIOA 166/477 Training reserves the right to refuse space to those applicants whose materials are deemed not to be appropriate.

*It is understood that the Vendor/Exhibitor agrees to abide with all rules and regulations stipulated by the WIOA 166/477 Training, Hotel and governing municipalities, as required. **Gila River Business License is required to be completed and approved prior to October 1, 2022. The license application and fee are processed directly through the Gila River Indian Community.** The Vendor/Exhibitor agrees to indemnify and hold harmless the Western Regional WIOA 166/477 Training and Gila River Resorts & Casinos, their officers, directors, employees and representatives, from and against any actions, losses, costs, damages, claims and expenses including attorney's fees, arising from any damage to property or bodily injury to Vendor/Exhibitor, his agents, representatives, employees by reason of the Vendor/Exhibitor's occupancy or use of the hotel and exhibit facilities.*

In accordance with the foregoing agreement for the Western Regional WIOA 166/477 Training to be held November 7-11, 2022, the undersigned makes application for exhibit space and encloses the full non-refundable fee for each space requested. Raffle items will be collected on-site.

Contact Name: _____ Title: _____

Badge Name: _____ Badge Name: _____

Company/Organization: _____

Mailing Address: _____

Telephone: _____ Email: _____

Service/merchandise description: _____

Vendor/Exhibitor Signature: _____ Date: _____

This form must be submitted to reserve a vendor space.

Payments:

Payments can be made by Online at
<https://aesaz.co/ELP/WIOA2022/Tickets>

or

Mail a Company Check, Money Order or Credit Card info via this form.

Please make all checks payable to the
Phoenix Indian Center, Inc.,

WIOA 166/477 training should be referenced in the notes section of the check.

Mail Payment to:

Phoenix Indian Center, Inc.
Western Regional WIOA/477 Training
4520 N Central Avenue Suite 250
Phoenix AZ 85012

For further information, please contact Bree Marshall at the Phoenix Indian Center 602.264.6768

Gila River Business Licenses must be submitted directly to the Gila River Indian Community. Download the applications at
https://www.gilariver.org/view/download.php/opportunities/business-lictax-forms/user_file_18

Completed applications can be sent to

Email: gricbusinesslicense@gric.nsn.us

Mail:
Gila River Indian Community
Office of the Treasurer
P.O. Box 2160
Sacaton, AZ 85147

Check enclosed – make payable to: **PHOENIX INDIAN CENTER, INC.**

Purchase Order # _____

Credit Card (additional \$5.00 fee)

Visa Master Card Other Card

Card No.: _____

Expiration Date: _____

CVV Code: _____

Cardholder Name: _____

Card Billing Address: _____

Card Billing Phone: _____

Signature: _____

--Send your form in **NOW** – (1) **Scan and email** completed form to
bmarshall@phxindcenter.org.

OR

Fax completed form to Bree at 602-237-6953



Gila River Indian Community Business License Application



PLEASE PRINT

I. Type of Application Type of License

- | | |
|--|---|
| <input type="checkbox"/> New
<input type="checkbox"/> Change
<input type="checkbox"/> Renewal, License # _____
<input type="checkbox"/> Update, License # _____ | <input type="checkbox"/> Annual License – Non-Member (\$150.00 fee)
<input type="checkbox"/> Annual License – GRIC Enrolled Member (\$5.00 fee)
GRIC Member Number _____
<input type="checkbox"/> Special Event – (\$50.00 fee)
Dates of Special Event _____ To _____ |
|--|---|

II. Type of Ownership

- | | |
|---|--|
| <input type="checkbox"/> Individual
<input type="checkbox"/> Partnership - <input type="checkbox"/> General <input type="checkbox"/> Limited
<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Liability Company
State of Registration _____ Date _____ | <input type="checkbox"/> Association
<input type="checkbox"/> Not for Profit Organization
Attach IRS Letter of Determination
<input type="checkbox"/> Corporation <input type="checkbox"/> C Corp <input type="checkbox"/> Sub S
State of Incorporation _____ Date _____ |
|---|--|

III. Business Information

- | | |
|------------------------------------|---|
| 1) Legal Business Name _____ | 2) Employer ID Number (EIN) or SSN (Individual) _____ |
| 3) Business Name or DBA Name _____ | 4) Contact Name _____ |
| 6) Business Address _____ | 5) Email Address _____ |
| _____ | 7) Mailing Address (if different than Business Address) _____ |
| _____ | _____ |
| 8) In Care of or Attn: _____ | 9) Business Phone Number _____ |
| _____ | _____ |
- 10) Is your Business Located on the Gila River Indian Community (GRIC)? Yes No
- 11) Detailed description of business activity (describe business activity: principal product manufactured, commodity sold, or services performed)
- _____

12) Location of business activity and/or Event Name occurring on GRIC

13) Date business started on GRIC _____	14) Date Sales Began on GRIC _____	15) Estimated Gross Sales _____
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16) Filing Method Cash Accrual

17) Do you have a previous GRIC Business License? Yes No if yes, license # _____

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

Name (Last, First, M.I.)	SSN	Title	% owned	Residential Address	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

V. Individuals Authorized to Receive Business License Information not Listed Above.

Name (Last, First, M.I.)

Title (if applicable)

VI. Location of Tax Records (by whom and where your records are kept)

Name of Company

Person to Contact

Address (City, State and Zip Code)

Phone Number

VII. Business Purchase information

Did you buy an existing business? Yes No

If yes, did that business conduct business on the Gila River Indian Community? Yes No

Did the business have a license issued by the Gila River Indian Community? Yes No

Previous Business Name

Previous Owner's Name

Previous Business Owner's Address

Previous Owner's Phone Number

GRIC Business License Number _____

VIII. Consent to Liability (initials required)

You will receive a copy of Title 13 of the GRIC Code with your license. This is an acknowledgement that you are responsible for reading Title 13, and consent to the liability for and payment of all taxes imposed by it, and as it may be amended by the GRIC Community Council in the future.

IX. Signature(s) by Individuals Legally Responsible for the Business

This application must be signed by a sole owner, two partners, two corporation officers, members and/or managing members, the trustee, receiver or personal representative of an estate.

Under penalty of perjury, I(we) declare that the information on this document is true and correct. I understand that giving false information could result in disapproval and/or revocation of my business license.

Type or Print Name

Title

Signature

Date

