



### CHWD- Health Services: Business License Application Review Check list

<b>1. Owner/Proprietor Name:</b>
<b>2. Contact Information: Phone, fax, email, mailing address</b>
<b>3. Where will the business be physically housed:</b>
<b>4. Liability Insurance coverage by: Company Name: _____ Policy #: _____ Liability Limits: \$ _____</b>
<b>5. Medicaid Provider Number: _____ Medicare Provider Number: _____</b>
<b>6. Business License number/state issued in:</b>
<b>7. Summary of business purpose: (Attach organizational documents)</b>
<b>8. Proposed start date for the business to begin operations at Laguna?</b>
<b>9. How will this business benefit the Laguna community?</b>
<b>10. Number of years operating this business: _____ or New Start: _____</b>
<b>11. Please describe your proposed marketing plan for the business on Laguna Pueblo:</b>
<b>12. List relevant certifications and licensures that allow you to operate your business:</b>
<b>13. Describe your plan for hiring local, qualified tribal members to work in your business.</b>
<b>14. Disclose any lawsuits filed against the company within the past 10 years:</b>
<b>15. Taxation: Current Tax ID Number: _____</b>
<b>16. Primary Contact for this business: Name _____ Phone Number: _____; email address: _____</b>
<b>17. Complaints regarding services should be filed to: Name: _____; Phone: _____; Email _____; Address: _____</b>
<b>18.</b>

**Required documents for filing the business license application:**

1. Letter of introduction
2. Proof of current Insurance policy with liability limits for coverage and compensation
3. Copy of current Owner Drivers License
4. Proof of criminal background investigations conducted on key staff providing services
5. Walk through summary of business

Annual Review: A review of the business license will be required no less than 30 days after the expiration of the current license issued by the Pueblo of Laguna.

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Staff/Tribal Council review date: \_\_\_\_\_ Decision: \_\_\_Approved \_\_\_Not approved

Additional Information Requests: \_\_\_\_\_

License issued date: \_\_\_\_\_ License #: \_\_\_\_\_