



**Lac Vieux Desert Band of Lake Superior Chippewa Indians
Tribal Financial Services Regulatory Authority**

E23968 Pow Wow Trail P.O. Box 249
Watersmeet, Michigan 49969
Phone: 1(906) 358-4917, 1(906) 358-4918
Email: tfsra@lvd-nsn.gov

EMPLOYEE LICENSE APPLICATION

1. Applicant Full Name (First, Middle, Last): _____
2. Position: _____
3. Personal Address: _____
4. Contact Number(s): _____
5. Email Address(es): _____
6. Date of Birth: _____
7. Social Security Number: _____
8. State/County of Residence (List for the last 7 years, include mos./yrs. of residency): _____
9. Applicant has the following license(s): _____
10. Applicant is currently employed with the following Indian Tribe(s), Tribal business(es), or Tribal political subdivision(s): _____
11. Any Civil Suits to which you have been a party in Tribal, State, or Federal courts, including any bankruptcy cases filed (if any): (List any lawsuits or bankruptcies in which Applicant was or is named as a party. Use additional Sheets of paper, if necessary)

12. Any Criminal Convictions, including pleas (if any): (List of your conviction dates, charges, pleas, and circumstances surrounding charges or pleas. Use additional sheets of paper, if necessary) (Minor traffic violations do not need to be included, i.e. speeding tickets, parking tickets, etc.):

For TFSRA Completion ONLY:

Received Date: _____



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REQUIRED ATTACHMENTS

Please attach 2 forms of identification.
Acceptable forms of identification may be a valid driver's license, a valid state I.D., a Social Security Card(s), a Tribal I.D., or a valid passport.

CONSUMER FINANCIAL SERVICES LICENSEE APPROVAL

All Employee Applicants must identify and demonstrate approval of the employing Consumer Financial Services Licensee. Therefore, please enclose a letter from the employing Consumer Financial Services Licensee confirming your employment.

ACKNOWLEDGMENT & RELEASE OF INFORMATION

By signing this application you confirm that the information contained in this application is true and correct. You also authorize the Tribal Financial Services Regulatory Authority to verify any information in this Application before issuing a License. Verification may include, but is not limited to, investigating criminal background(s), credit history, and Tribal, State, and Federal Court filing information. Further, you acknowledge that if a License is issued that you shall submit to the jurisdiction of the Tribe and that you will abide by all applicable Tribal and federal laws, regulations, and policies. Finally, you also acknowledge that any false statement or omission in this application can result in a denial of this license application.

Signature: _____ Date: _____

Printed or Typed Name: _____

Please submit the completed application, supporting documentation, and non-refundable application fee of \$250.00, to:

**Lac Vieux Desert Band of Lake Superior Chippewa Indians
TFSRA
E23968 Pow Wow Trail P.O. Box 249
Watersmeet, Michigan 49969**

Make Check payable to Lac Vieux Desert Band of Lake Superior Chippewa Indians.