



**SCIT Sales Tax Exemption Application**  
Saginaw Chippewa Indian Tribe



Date: \_\_\_\_\_

**Tribal Licensing & Regulations Office Use Only**

Exemption ID # \_\_\_\_\_

**Business Information** (please print clearly and complete all sections)

First Name		Last Name	
Company Name		Company FEIN #	
Company Address			
City		State	Zip
Telephone Number		Email Address	

**Tax Information**

☐ Nonprofit Organization      ☐ Governmental

**A Copy Of Your Tax-Exemption Certificate Or Letter Must Be Attached**

If you have any questions, please contact the Director of Tribal Licensing & Regulations at (989) 775-4105 or a Licensing Specialist at (989) 775-4109 or (989) 775-4175

**Business Type** (check one box)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bank/Finance           | <input type="checkbox"/> Education           | <input type="checkbox"/> Medical/Hospital |
| <input type="checkbox"/> Communications         | <input type="checkbox"/> Government          | <input type="checkbox"/> Nonprofit        |
| <input type="checkbox"/> Consulting/Data        | <input type="checkbox"/> Manufacturing       | <input type="checkbox"/> Retailer         |
| <input type="checkbox"/> Processing/Advertising | <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Wholesaler       |
| <input type="checkbox"/> Marketing              | <input type="checkbox"/> Social Services     | <input type="checkbox"/> Other            |

**If reservations have already been arranged, please provide the following information to ensure your exemption has applied to all guest(s) reservations:**

Event Attending: \_\_\_\_\_

Confirmation #	Guest Name(s)	Arrival Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be approved for a tax exemption, complete this form and send in with a copy of your tax-exemption certificate letter. The documentation will be verified once the application is approved, you will receive an Exemption Certificate and ID Number from the Saginaw Chippewa Indian Tribe.

**Complete and Return Forms To:**

Office of Tribal Licensing & Regulations  
7500 Soaring Eagle Blvd • Mount Pleasant, MI 48858  
Email: OTLR@sagchip.org  
Fax: (989) 775-4107