



Division of Revenue and Taxation
DEPARTMENT OF FINANCE

P.O. Box 5234 CHRB
Saipan MP 96950
Tel: (670) 664.1000 Ext. 1010
Fax: (670) 664.1015

APPLICATION FOR BUSINESS LICENSE

A. TYPE OF APPLICATION

NEW

RENEWAL - BUSINESS LICENSE NO.: _____

AMENDMENT (Check below)

Additional location Additional line(s) of business (please specify below) Change of location

Request for duplicate license(s) Add D.B.A. Change of business name

TAXPAYER'S I.D. NO.: _____

FEDERAL EMPLOYER I.D. NO. (FEIN): _____

FIRST YEAR OF OPERATION: _____

B. APPLICANT INFORMATION

1. Form of business and name of applicant

Sole Proprietorship _____

Partnership _____

Corporation _____

(check if foreign corporation)

LLC _____

Joint Venture _____

Other _____ (please specify)

2. Mailing address: _____

Telephone: () _____ Fax: () _____

3. Email address: _____

C. LINE(S) OF BUSINESS APPLIED FOR (list every activity location separately)

Line of Business	DBA (assumed name)	Island	Village	Lot No.
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

If the applicant is a foreign corporation or a Non-CNMI resident, please specify the name of the registered/resident agent below.

Name: _____

Mailing address: _____

Telephone No.: _____

D. APPLICANT DECLARATION

I declare under penalty of perjury that the information above are true and correct and that I have complied with all CNMI laws and regulations for purposes of obtaining a business license. This declaration is made on this ____ day of _____ at _____

Print applicant's name

Signature

Title

Date

OFFICIAL USE ONLY

The applicant is is not recommended for approval for the issuance of a business license. Reviewed by: _____ Date: _____

Approved by: _____ Date: _____ Date license issued: _____ License No. _____

License fee paid: \$ _____ Penalty: _____ Date paid: _____ Receipt No. _____

Original: Business License Office
Yellow: Workers Compensation Office
Pink: Applicant