



Department of Commerce
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
Alcohol Beverage and Tobacco Control Division

Caller Box 10007, Saipan MP 96950
 Tel: (670) 664-3014 • Fax (670) 664-8074
 Website: www.commerce.gov.mp



APPLICATION FOR TOBACCO CONTROL LICENSE

- | | |
|----------------------------------|---|
| <input type="checkbox"/> NEW | <input type="checkbox"/> AMENDMENT OF LICENSE |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> DUPLICATE |

SUBMITTED TO: ALCOHOL BEVERAGE AND TOBACCO CONTROL DIRECTOR

THE UNDERSIGNED HEREBY makes an application for the following type of Tobacco Control License as required by Chapter 8, Division 5 of Title 4. and Chapter 1-, Division 3, of Title 6 of the Commonwealth Code- (check appropriate class only)

- | | |
|---|---|
| <input type="checkbox"/> Class 1 Wholesale Agent's License (\$300.00) | <input type="checkbox"/> Class 4 Distributor (Vending Machine) \$100.00 |
| <input type="checkbox"/> Class 2 Retail Dealer (General License) (\$100.00) | |
| <input type="checkbox"/> Class 3 Retail Dealer (Vending Machine) (\$100.00) | |

FURTHERMORE. the undersigned agrees to give the following information and pay the required fees in order for the Secretary of Commerce and/or designee to review and consider this application in accordance with Chapter 8, Division 5, of Title 4. and Chapter 1, Division 3. of Title 6 of the Commonwealth Code and its rules and regulations.

- Applicant's Full name is _____
- Type of business _____
- Applicant will operate under the business name of _____ (d.b.a.)
- Applicant's business mailing address is _____
- Applicant's telephone number _____ Fax number. _____
- Applicant's date of birth _____
- The premises proposed to be licensed is located at _____ in Saipan Tinian Rota.
Commonwealth of the Northern Mariana Islands.
- Applicant is a: Corporation Partnership Sole-Proprietorship
- Applicant is the real party in interest? YES No
- Has applicant ever applied for a tobacco control license? Yes No
If yes, when? _____ (give complete date) Where? _____
- Has applicant ever been convicted of a criminal offense other than a minor traffic violation?
 Yes No if yes, Where? When and for what offense? _____
- Has applicant ever had its license suspended or revoked? Yes No
if yes, Where?, When and for what reason? _____

THE APPLICANT HEREBY CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT Applicant further agrees that any license issued in response to this application is accepted upon condition, that full compliance with Chapter 8, Division 5 of Title 4 and Chapter 1. Division 3 of title of the Commonwealth Code and its rules and regulations now or hereafter applicable will be fully satisfied.

DATE: _____

 Type or print name and affix signature

BELOW FOR OFFICIAL USE ONLY

PAYMENT CERTIFICATION: The undersigned cashier certifies that the applicable fees have been paid and received as indicated below

AMOUNT \$ _____ (license fee)	\$ _____ (Appl. fee)
Receipt No. _____	Receipt No. _____
Date: _____	Date: _____
Cashier _____	Cashier: _____
FOP _____	FOP _____
Verified by. _____	Date: _____
Accepted by- _____	Date: _____

The Secretary of Commerce and/or his designee has reviewed the forgoing statements, information and other attached documents of the above-named applicant and hereby grants its [] Approval [] Disapproval on this application, Dated this _____ day of _____

License number assigned: _____

 Secretary of Commerce