



Department of Commerce

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

Caller Box 10007, Saipan MP 96950
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APPLICATION FOR ALCOHOLIC BEVERAGE 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 DIVISION
THE UNDERSIGNED HEREBY makes an application for the following type of Alcoholic Beverage Control License as required by Chapter 5, Division 5 of Title 4 of the Commonwealth Code: (check appropriate class only)

- | | |
|--|--|
| <input type="checkbox"/> Class-1 Manufacturer's License (\$1,500.00) | <input type="checkbox"/> Class-4 Retail Dealer's Off-Sale: |
| <input type="checkbox"/> Sampling License (\$100.00) | <input type="checkbox"/> Sampling License (\$50.00) |
| <input type="checkbox"/> Class-2 Wholesale License (\$1,000.00) | <input type="checkbox"/> Beer and Wine (\$150.00) |
| <input type="checkbox"/> Sampling License (\$100.00) | <input type="checkbox"/> General (\$500.00) |
| <input type="checkbox"/> Class-3 Retail Dealer's On-Sale: | <input type="checkbox"/> Class-5 Temporary Beer License (\$100.00) |
| <input type="checkbox"/> Sampling License (\$50.00) | <input type="checkbox"/> Class-6 Club License (\$1,000.00) |
| <input type="checkbox"/> Beer and Wine (\$150.00) | <input type="checkbox"/> Class-7 Special Liquor License (\$1,500.00) |
| <input type="checkbox"/> General (\$500.00) | <input type="checkbox"/> Non-Profit License (FREE) |
| <input type="checkbox"/> Restaurant (\$300.00) | |

FURTHERMORE, the undersigned agrees to give the following information and pay the required fees in order for the Secretary of Commerce and/or his designee to review and consider this application in accordance with Chapter 5, Division 5 of Title 4 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 is _____ Fax Number _____
- Applicant is a: Corporation LLC Partnership Sole-Proprietor Non-Profit Organization
(If a corporation, fill out Exhibit A form and attach it with this application. If a foreign corporation, please attach copy of certificate of registration. If a domestic corporation, please attach copy of corporate charter)
- Applicants Resident Agent in the CNMI (if corporation or LLC), _____ Tel. No _____
- Applicant's date of birth (if sole proprietor or partnership) _____
- Applicant is the Real Party In Interest? Yes No
- The premises proposed to be licensed is located at _____ (village), _____ (street name) in Saipan Tinian Rota, Commonwealth of the Northern Mariana Islands.
- That the applicant is familiar with the provisions of Chapter 5, Division 5 of Title 4 of the Commonwealth Code and its rules and regulations,
- The applicant's current criminal record or police clearance is submitted with this application. If applicant is a corporation, please submit criminal records or police clearances of all directors, stockholders, officers and managers.

13. The above type of license being requested is for calendar year _____

14. Has applicant ever applied for an ABC license? Yes No

If yes, when? _____ (give exact date)

15. Has the applicant or any individual listed on Exhibit A ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If yes, where? When and for what offense? _____

16. Has the applicant ever has its license suspended or revoked? Yes No

If yes, Where? When and for what reason? _____

17. Has any individual or entity listed on Exhibit A have been listed in another application for an ABC license?

Yes No If yes, which name and under what entity? _____

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 5 Division 5 of Title 4 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 of authorized person

BELOW FOR OFFICIAL USE ONLY

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

Fine/Penalty \$ _____ (1959A-46010)

License Fee \$ _____ (1959A-43011) Filing Fee \$ _____ (1959A-46010)

Amendment \$ _____ (1959A-46010) Duplicate \$ _____ (1959A-62300)

Late Renewal \$25.00 x _____ days = \$ _____ (1959A-46011)

F. O. P. Cash Check Credit Card Other _____

Receipt No. _____ Date: _____

Verified By: _____ Date: _____

Accepted By: _____ Date: _____

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

Director, ABTC Division

LICENSE NUMBER ASSIGNED _____