



# Department of Commerce

Alcohol Beverage and Tobacco Control Division  
P.O. Box 5795 CHRB, Saipan MP 96950  
Tel: (670) 664-3065 • Fax: (670) 664-3067  
Website: www.commerce.gov.mp



## APPLICATION FOR BETELNUT IMPORT/DISTRIBUTION AND RETAIL SALES LICENSE

- New
- Amendment of License
- Renewal
- Duplicate

### SUBMITTED TO ALCOHOL BEVERAGE AND TOBACCO CONTROL DIVISION

THE UNDERSIGN HEREBY makes an application for Betelnut Importation/Distribution and Retail Sales License as required under CNMI Public Law 19-66: (check appropriate class only)

- Class-1 Betelnut Import/Distribution License (\$75.00)
- Class-2 Betelnut Retail Sales License (\$75.00)

FURTHERMORE, the undersign 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 CNMI Public law 19-66, and its implementing rules and regulations.

1. Applicant Full Name is \_\_\_\_\_
2. Type of Business \_\_\_\_\_
3. Doing Business As \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
7. Applicant is a  Corporation  LLC  Sole Proprietor  Non-Profit Organization
8. Resident Agent (if Corporation or LLC) \_\_\_\_\_ Phone: \_\_\_\_\_
9. Applicant's Date of Birth (if Sole-Proprietor or Partnership) \_\_\_\_\_
10. Applicant is the Real Party in interest? \_\_\_\_\_
11. Premises is located at: Street Name \_\_\_\_\_ Village \_\_\_\_\_
12. Is applicant familiar with the provisions of Public Law 19-66 and its implementing rules and regulations?  Yes  No If no, please call 664-3065 and request for training.
13. Applicant for a Class-1 Betelnut Import/Distribution License Must provide invoice/receipt, and Must indicate the Class-2 Betelnut Retail Sales Licensee's number on such invoice/receipt form.

14. Applicant for a Class-2 Betelnut Retail Sales License, prior to acquiring betelnut products from any person or entity, must verify the Class-1 Betelnut Importer/Distributor License, from the person or entity providing betelnut products.

15. Application for License is requested for Calendar Year \_\_\_\_\_

16. Has applicant ever applied for a Betelnut Import/Distribution or Retail Sales License?

Yes  No If yes, when? \_\_\_\_\_ (give exact date).

17. Has the applicant ever had his/her license suspended or revoked?  Yes  No

If yes, where? When and for what offense? \_\_\_\_\_

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 CNMI Public Law 19-66 and any of its implementing rules and regulations now or hereafter applicable will be fully satisfied.

DATE \_\_\_\_\_

\_\_\_\_\_  
Type or print name and affix  
Signature of authorized person

**BELOW FOR OFFICAL USE ONLY**

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

Filing Fee \$ \_\_\_\_\_ (1959D - 46010) OCR No.: \_\_\_\_\_

Betelnut Import/Distribution License Fee \$ \_\_\_\_\_ (1959D - 43013)

Betelnut Retail Sales License Fee \$ \_\_\_\_\_ (1959D - 43013)

Late Renewal Fee \$25 x \_\_\_\_\_ days = \$ \_\_\_\_\_ (1959D - 43014)

License Duplicate Fee \$ \_\_\_\_\_ (1959D - 43016)  Amendment Fee \$ \_\_\_\_\_ (1959D - 43017)

F.O.P:  Cash  Check  Credit Card  Other \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

The Secretary of Commerce and/or his designee has reviewed the foregoing statement, requirements, information and other attached documents for the above named applicant and hereby grants its [ ] Approval [ ] Disapproval on this application, Dated this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

License Number Assigned: \_\_\_\_\_  
\_\_\_\_\_  
Director, ABTC Division