



# Department Of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CALLER BOX 10007, SAIPAN, MP 96950  
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Photo

## LONG TERM BUSINESS CERTIFICATE RENEWAL APPLICATION

Filing Fee \$1,000  
Receipt No: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Investment Threshold: \_\_\_\$50K\_\_\_\$150K\_\_\_\$250K Security Deposit: \_\_\_\_\_

\_\_\_\_\_  
Approved Disapproved Approved Disapproved Approved Disapproved

\_\_\_\_\_  
Secretary of Commerce Review Committee Member Secretary of Immigration

PRINT OR TYPE INFORMATION BELOW. PLEASE FILL OUT EVERY QUESTION.

### Applicant:

1. Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
Family Given Middle (mm/dd/yy)
3. Passport No. \_\_\_\_\_ Issued by \_\_\_\_\_ Date of Issue \_\_\_\_\_  
Date of Expiration \_\_\_\_\_ Type of Passport \_\_\_\_\_ Citizenship \_\_\_\_\_
4. List all additional passports issued to you or possessed by you:  
A. Country: \_\_\_\_\_ Passport No \_\_\_\_\_ B. Country: \_\_\_\_\_ Passport No: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_ Telephone No(s) \_\_\_\_\_
6. Social Security No. \_\_\_\_\_ 7. Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated
8. Number of Dependents \_\_\_\_\_ 9. Names of Dependents:  
A. \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport No \_\_\_\_\_  
B. \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport No \_\_\_\_\_  
C. \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport No \_\_\_\_\_
10. Date first granted Long Term Business Certificate \_\_\_\_\_ Certificate No \_\_\_\_\_  
Name of Corporation in which you were first granted the Long Term Business Certificate: \_\_\_\_\_

Business Activities: \_\_\_\_\_

11. Amount of Capitol Invested \$ \_\_\_\_\_ Equity Participation \_\_\_\_\_ Source of Financing \_\_\_\_\_
12. Total Number of Employees \_\_\_\_\_ Residents \_\_\_\_\_ Non-Residents \_\_\_\_\_
13. Taxpayers Identification No. \_\_\_\_\_ Business License(s) Expiration Date: \_\_\_\_\_
14. Names of major projects completed.  
\_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
Describe: \_\_\_\_\_

15. Names of Corporations in which you own shares: D.B.A. Number & Percentage of shares held  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE READ AND FULLY UNDERSTAND THE DEPARTMENT OF COMMERCE LONG TERM BUSINESS CERTIFICATE RENEWAL APPLICATION FORM. I SWEAR UNDER PENALTY OF PERJURY AND REVOCATION OF THIS BUSINESS CERTIFICATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INCOMPLETE, FALSE OR MISLEADING INFORMATION WILL CONSTITUTE PROPER GROUNDS FOR REVOCATION OF MY BUSINESS ENTRY PERMIT AND/OR BUSINESS CERTIFICATE, REMOVAL FROM THE CNMI AND THE IMPOSITION OF CRIMINAL OR CIVIL PENALTIES.

BY MY SIGNATURE BELOW, I DO HEREBY AFFIRM AND SWEAR TO THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION SUPPLIED HEREIN AND THAT I HAVE PREPARED THIS APPLICATION MYSELF, OR THAT IT WAS PREPARED FOR ME BY MY AGENT \_\_\_\_\_ (Agent Name) \_\_\_\_\_ (Phone No.)

\_\_\_\_\_  
Applicant's Signature

(seal)

\_\_\_\_\_  
Date Notary's signature  
LTBCR 06 Distribution: Commerce/Immigration - White Commerce - Blue Applicant - Yellow