

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS GOVERNMENT**

DEPARTMENT OF COMMERCE  
ALCOHOL BEVERAGE AND TOBACCO CONTROL DIVISION  
CALLER BOX 10007 C.K. SAIPAN, MP 96950

**APPLICATION FOR TOBACCO CONTROL LICENSE**

- NEW  AMENDMENT OF LICENSE  
 RENEWAL

**SUBMITTED TO: ALCOHOL BEVERAGE AND TOBACCO CONTROL ADMINISTRATOR**

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)

- Class 1 Wholesale Agent's License (\$300.00)  Class 4 Distributor (Vending Machine) (\$100.00)  
 Class 2 Retail Dealer (General License) (\$100.0)  
 Class 3 Retail Dealer (Vending Machine) (\$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 Chapter 8, Division 5 of Title 4, and Chapter 1, Division 3, of Title 6 of the Commonwealth Code and its rules and regulations.

1. Applicant's Full name is \_\_\_\_\_
2. Type of business \_\_\_\_\_
3. Applicant will operate under the business name of \_\_\_\_\_ (d.b.a.)
4. Applicant's business mailing address is \_\_\_\_\_
5. Applicant's telephone number \_\_\_\_\_ Fax number: \_\_\_\_\_
6. Applicant's date of birth \_\_\_\_\_
7. The premises proposed to be licensed is located at \_\_\_\_\_ in  Saipan  Tinian  Rota, Commonwealth of the Northern Mariana Islands.
8. Applicant is a:  Corporation  Partnership  Sole-proprietorship
9. Applicant is the real party in interest?  Yes  No
10. Has applicant ever applied for a tobacco control license?  Yes  No  
If yes, when? \_\_\_\_\_ (give complete date) Where? \_\_\_\_\_
11. 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? \_\_\_\_\_
12. 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 6 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 undersign cashier certifies that the applicable fees have been paid and received as indicated below:

AMOUNT \$ _____ (license fee)	\$ _____ (filing fee)
Receipt No. _____	Receipt No. _____
Date: _____	Date: _____
Cashier: _____	Cashier: _____
F.O.P. _____	F.O.P. _____
Received by: _____	Date: _____
Reviewed 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 \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ File No. \_\_\_\_\_