

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 \square Corporation \square LLC \square	Sole Proprietor $\ \square$ Non-Profit Organization
8.	Resident Agent (if Corporation or LLC)	Phone÷
9.	Applicant's Date of Birth (if Sole-Proprietor or	r 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 Puland regulations? \square Yes \square No If no, ple	blic Law 19-66 and its implementing rules ease call 664-3065 and request for training.
13.	Applicant for a Class-1 Betelnut Import/Distri and Must indicate the Class-2 Betelnut Retail 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? \Box Yes \Box 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.			
Type or print name and affix Signature of authorized person			
BELOW FOR OFFICAL USE ONLY			
<u>PAYMENT VOUCHER/CERTIFICATION</u> -The undersigned cashier certifies that the applicable fees have been paid and received as indicated below:			
☐ Filing Fee \$(1959ÖÁ 46010) OCR No.:			
BeteInut Import/Distribution License Fee \$ (1959D - 43013)			
Betelnut Retail Sales License Fee \$(1959D - 43013)			
Late Renewal Fee \$25 xdays = \$ (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:			