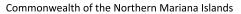


DIVISION OF REVENUE AND TAXATION

Department of Finance





Business License Application Requirements

		SOLE OPRIETOR	CORP	ORATION	PART	NERSHIP	LLC		NON-PROFIT	
	New	Renewal	New	Renewal	New	Renewal	New	Renewal	New	Renewal
License Application	Х	Χ	Χ	X	Χ	Χ	Х	Х	Х	X
Worker's Compensation Application	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
IN A-Status (Non-US)	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х
Annual Corporate Report				Х		Х		Х		Х
Articles & By-Laws (Corporation)			Х						Х	
Partnership Agreement & Registration					Х					
LLC Certificates of Organization Articles of Organization							Х			
Sketch of Business Location	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Original Business License		Х		Х		Х		Х		Х

Note: Any box marked with an "X" indicates a required document that must be submitted with the application. In addition, applicants must provide a copy of their passport.

SCHEDULE OF FEES:

Banks Offshore Banking Security Dealers	\$ 500.00 1,000.00 300.00	Manufacturers Wholesalers	\$ 50.00 50.00
Insurance: Company Broker Agent	\$ 300.00 100.00 75.00	Scuba Diving Instruction Scuba Diving Tour Operation General Business (per activity)	\$ 100.00 100.00 \$ 50.00
Public Utilities	\$ 300.00	Roadside Vendors (Selling Local Agricultural & Fishery	\$ 5.00 Products ONLY)



DIVISION OF REVENUE AND TAXATION

Department of Finance

Commonwealth of the Northern Mariana Islands



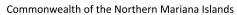


NEW FEDERAL EMPL	YEAR OF OPER/		
RENEWAL - BUSINESS LICENSE NO.:	YEAR OF OPER/	ATION:	
Additional location Additional line(s) of business (please specify bell Request for duplicate license(s) Add D.B.A. Change of business APPLICANT INFORMATION 1. Form of business and name of applicant Sole Proprietorship Partnership Corporation (check if foreign corporation)	es name	ange of location	
Request for duplicate license(s) Add D.B.A. Change of busines APPLICANT INFORMATION 1. Form of business and name of applicant Sole Proprietorship Partnership Corporation (check if foreign corporation)	es name	ange of location	
APPLICANT INFORMATION 1. Form of business and name of applicant Sole Proprietorship Partnership Corporation (check if foreign corporation) LLC			
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Corporation (check if foreign corporation)	(nie		
(check if foreign corporation)	(nie		
	(nle		
	(nle		
loint Venture	(nle		
	(nle		
Other	(610	ease specify)	
2. Mailing address:			
2. Mailing address: Telephone: () Fax: ()			
3. Email address:			
Line of Business DBA (assumed name) 1 2 3 4 If the applicant is a foreign corporation or a Non-CNMI resident, please specify the name Name: Mailing address: Telephone No.: APPLICANT DECLARATION I declare under penalty of perjury that the information above are true and correct and tha and regulations for purposes of obtaining a business license. This declaration is made on at	of the registere	ed/resident agent be	
Print applicant's name Signature	Title	Date	
OFFICIAL USE ONLY			
		Date:_	
Approved by:		License No	
License fee paid: \$Date paid:			



DIVISION OF REVENUE AND TAXATION

Department of Finance





Business License Application Business Location

Map of Business Location (i.e., street name, village, etc...)

Physical Location of Business



Department of Commerce

WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan MP 96950
Tel: (670) 664-8018/8024 • Fax (670) 664-8074
Website: www.commerce.gov.mp



Application for Certificate of Clearance

Please take notice that pursuant to the CNMI Workers' Compensation Law, as amended, every employer in the Commonwealth is required to secure insurance coverage for employee(s) in case of occupational injury, illness, or death. The law further requires that all applicants for business licenses in the CNMI (whether its an application for a new business or the renewal for an existing business) must obtain a Certificate of Clearance from the Workers' Compensation Commission before the Secretary of Finance will issue such business license.

Address: PLEASE MARK THE APPROPRIATE AREA(S) BELOW A. BUSINESS LICENSE APPLICANT - NEW: () I am not an employer now. I do, however, understand the requirement of the Workers Compensation Law. If I hire any employee in the future, I will comply with the requirements as mandated by law, and immediately secure coverage for my employee and will file a Certificate of Compliance within 30 days thereafter. () I am an employer or will be hiring personnel within a few days. I am providing a copy the workers' compensation insurance policy in effect and a Certificate of Compliance (FORM WCC- I 00) as required. () I have never been an employer operating under a different name. B. BUSINESS LICENSE APPLICANT - RENEWAL: () I have renewed the workers' compensation insurance coverage. I am providing a copy the workers' compensation insurance policy in effect and a Certificate of Compliance	
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(FORM WCC-100) as required.	
() I did not or no longer have any personnel employed by the business.	
Signature of Applicant or Representative Date	

WORKERS' COMPENSATION COMMISSION PUBLIC NOTICE

THIS IS A REMINDER TO ALL BUSINESS LICENSE APPLICANTS. Pursuant to Public Law 6-33 & 9-33. "The Workers' Compensation Law", all employers in the Commonwealth of the Northern Mariana Islands are required to provide workers' compensation insurance coverage for their employees. Upon procuring such insurance coverage, you must file a Certificate of Compliance (Form WCC- I 00) along with a copy of your insurance policy to Workers' Compensation Commission within 30 days. The 30-days grace period is also applied to renewal of an existing insurance policy.

WHAT WILL HAPPEN IF YOU FAILED TO COMPLY WITH THE WORKERS' COMPENSATION COVERAGE REQUIREMENTS?

First of all, there is a civil penalty for non-compliance. Failure to secure workers' compensation coverage will result in the assessment of a civil penalty amounting to \$100 per day. However, in the event the insurance policy is issued but you failed to file the Certificate of Compliance with WCC within the 30-days grace period, the penalty assessment is \$100. It is the responsibility of the Employer (not the Insurance Carrier) to file the Certificate of Compliance.

Secondly, you are required to obtain a certificate of clearance from Workers' Compensation Commission prior to issuance of your business license. When you apply for a new business license or renewing your existing license, you are required by law to show evidence that you have complied with the Workers' Compensation coverage requirements. Failure to obtain the Certificate of Clearance will jeopardize the processing of your business license. In other words, the approval of your business license is contingent upon the issuance of the Certificate of Compliance.

YOU MUST PROVIDE THE FOLLOWING IN ORDER TO OBTAIN A CERTIFICATE OF CLEARANCE:

- 1. Business License Application
- 2. Application for a Certificate of Clearance
- 3. Proof of insurance coverage (if you have employees
- 4. Copy of Business License
- 5. Map (location of your Business)

For more information, please visit or contact the Workers' Compensation Commission offices nearest you.

SAIPAN BRANCH Dept. Of Commerce Building Ground Floor, Capitol Hill Phone No. (670) 664-8024 Fax No. (670) 664-8074 TINIAN BRANCH
Dept. Of Commerce Building
San Jose Village, Tinian
Phone No. (670) 433-0853
Fax No. (670) 433-0854

ROTA BRANCH
Dept. Of Commerce Building
Sinapalo Village, Rota
Phone No. (670) 532-9478
Fax No. (670) 532-9510