	TICIAL SEAL	Tel: (670) 664-3065	co Control Division , Saipan MP 96950	P.O.	
APPLICATION FOR BETELNUT IMPORT/DISTRIBUTION AND RETAIL SALES LICENSE					
	□ New		🗆 Amendme	nt of License	
	🗌 Renewal		🗌 Duplicate		
	UNDERSIGN HERE	D TO ALCOHOL BEVERAGE BY makes an application ed under CNMI Public Lav	for Betelnut Import	ation/Distribution and Re	etail
	Class-1 Betelnut Import/D	istribution License (\$75.0	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 Na	me is			
2.	Type of Business				
3.	Doing Business As	s			
4.	Mailing Address				
5.	Email Address				
6.	Telephone Numb	er	Fax Number		
7.	Applicant is a \Box (Corporation \Box LLC	Sole Proprietor	🗌 Non-Profit Organizat	ion
8.	Resident Agent (i	f Corporation or LLC)		Phone+	
9.	Applicant's Date	of Birth (if Sole-Proprieto	or or Partnership)		
10.	Applicant is the R	eal Party in interest?			
11.	Premises is locate	ed at: Street Name	<u> </u>	/illage	
12.		·		d its implementing rules 5 and request for training	
13.		e the Class-2 Betelnut Re		ust provide invoice/recei number on such	pt,

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?				
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 - 43013) 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 Cother Credit Card				
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				