

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 ALCOHOLIC BEVERAGE CONTROL LICENSE

- | | |
|----------------------------------|---|
| <input type="checkbox"/> NEW | <input type="checkbox"/> TRANSFER OF LICENSE |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> AMENDMENT OF LICENSE |

SUBMITTED TO: ALCOHOL BEVERAGE AND TOBACCO CONTROL ADMINISTRATOR

THE UNDERSIGNED HEREBY makes an application for the following type of Alcoholic Beverage Control License as required by Chapter 5, Division 5 of Title 4 of the Commonwealth Code: (check appropriate class only)

- | | |
|--|---|
| <input type="checkbox"/> Class-1 Manufacturer s License (\$250.00) | <input type="checkbox"/> Class-4 Retail Dealer s Off-Sale: |
| <input type="checkbox"/> Class-2 Wholesale License (\$250.00) | <input type="checkbox"/> Beer and Wine (\$25.00) |
| <input type="checkbox"/> Class-3 Retail Dealer s On-Sale: | <input type="checkbox"/> General (\$30.00) |
| <input type="checkbox"/> Beer and Wine (\$20.00) | <input type="checkbox"/> Class-5 Temporary Beer License (\$10.00) |
| <input type="checkbox"/> General (\$30.00) | <input type="checkbox"/> Class-6 Club License (100.00) |
| <input type="checkbox"/> Restaurant (\$25.00) | |

FURTHERMORE, the ndersigned 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 5, Division 5 of Title 4 of the Commonwealth Code and its rules and regulations.

- Applicant s full name is _____
- Type of business _____
- Applicant will operate under the business name of _____
(d.b.a.)
- Applicant s business mailing address is _____
- Applicant s telephone number is _____ Fax Number _____
- Applicant is a: Corporation Partnership Sole-Proprietor Non-Profit Organization
(If a corporation, fill out Exhibit A form and attach it with this application. If a foreign corporation, please attach copy of certificate of registration. If a domestic corporation, please attach copy of corporate charter)
- Applicant s Resident Agent in the CNMI (if corportaion): _____ Tel. No. _____
- Applicant s date of birth (if sole proprietor or partnership) _____
- Applicant is the Real Party In Interest? Yes No
- The premises proposed to be licensed is located at _____ in Saipan Tinian
 Rota, Commonwealth of the Northern Mariana Islands.
- That the applicant is familiar with the provisions of Chapter 5, Division 5 of Title 4 of the Commonwealth Code and its rules and regulations.
- The applicant s current criminal record or police clearance is submitted with this application. If applicant is a corporation, please submit criminal records or police clearances of all directors, stockholders, officers and managers.
- That the above type of license being requested is for fiscal year _____ in which applicant plans to do business for the following quarters:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1st quarter
July 1-Sept. 30 | <input type="checkbox"/> 2nd quarter
Oct. 1-Dec. 31 | <input type="checkbox"/> 3rd quarter
Jan. 1-Mar. 31 | <input type="checkbox"/> 4th quarter
April 1-June 30 |
|---|--|--|---|

(Continue on reverse side)

14. Has applicant ever applied for an ABC license? Yes No
 If yes, when? _____ (give exact date)
15. Has the applicant or any individual listed on Exhibit A ever been convicted of a criminal offense other than a minor traffic violation? Yes No
 If yes, where? When and for what offense? _____
16. Has the applicant ever has its license suspended or revoked? Yes No
 If yes, Where? When and for what reason? _____
17. Has any individual or entity listed on Exhibit A been listed in an application for an ABC license?
 Yes No If yes, which name and under what entity? _____

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 complinace with Chapter 5 Division 5 of Title 4 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 of authorized person

BELOW FOR OFFICIAL USE ONLY

PAYMENT CERTIFICATION: The undersigned cashier certifies that the applicable fees have been paid and received as indicated below:

AMOUNT \$ _____ (license fee)

\$ _____ (filing fee)

F.O.P. _____

F.O.P. _____

RECEIPT NO. _____

RECEIPT NO. _____

DATE: _____

DATE: _____

Verified By: _____

Date: _____

Accepted By: _____

Date: _____

The Secretary of Commerce and/or his designee has reviewed the foregoing statements, exhibits, information and other attached documents of the above-named applicant and hereby grants its [] Approval [] Disapproval on this application, Dated this _____ day of _____.

 Secretary of Commerce

LICENSE NUMBER ASSIGNED _____