



Department Of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007, SAIPAN, MP 96950
Telephone: (670) 664-3018/3000 Fax: (670) 664-3067

Photo

LONG TERM BUSINESS CERTIFICATE NEW APPLICATION

Filing Fee \$1000
Receipt No: _____

FOR OFFICIAL USE ONLY

Investment Threshold: _____ Security Deposit: _____

_____ Approved _____ Disapproved	_____ Approved _____ Disapproved	_____ Approved _____ Disapproved
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_____ Secretary of Commerce	_____ Review Committee Member	_____ Secretary of Immigration
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PRINT OR TYPE INFORMATION BELOW. PLEASE FILL OUT EVERY QUESTION. USE SEPERATE SHEET IF NEEDED.

Applicant:

1. Name _____, _____, _____ 2. Date of Birth _____
Family Given Middle (mm/dd/yy)

3. Passport No. _____ Issued by _____ Date of Issue _____
Date of Expiration _____ Type of Passport _____ Citizenship _____

4. List all additional passports issued to you or possessed by you:
A. Country: _____ Passport No _____ B. Country: _____ Passport No: _____

5. Permanent Address: _____
Mailing Address: _____ Telephone No(s) _____

6. Social Security No. _____ 7. Marital Status: ___ Married ___ Single ___ Divorced ___ Separated

8. Number of Dependents _____ 9. Names of Dependents:

A. _____	Age _____	Citizenship _____	Passport No _____
B. _____	Age _____	Citizenship _____	Passport No _____
C. _____	Age _____	Citizenship _____	Passport No _____

10. Have you ever been granted a CNMI Entry Certificate? ___ No ___ Yes If Yes, date first granted Long Term Business Certificate _____ Certificate No _____

11. Amount of Capitol Invested \$ _____ Equity Participation _____ Subscribed/Paid-in _____
Total Number of (expected) Employees _____ Residents _____ Non-Residents _____

12. Source of Financing: (List source and provide detail information such as Commitment letters, SLC, etc.)

13. Business Plan and Proposal: (Submit plan and proposal, performa's, projections, expansion plans. This portion must address the "general standards for an approved investment", Section 1001 (B). If this portion is not submitted, investment will not be approved.

14. Names of major projects completed.

	Describe: _____
	Describe: _____
	Describe: _____

15. Name of Corporation, Partnership or Association Name, dba's (Attach latest annual report and certificate of existence And certificate of good standing).

Names of Corporations in which you own shares:	D.B.A.	Number & Percentage of shares held
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Corporate shareholders, partners or co-owners (Indicate name, Nationality and percentage of ownership).

NAME OF SHAREHOLDERS	IMMIGRATION STATUS	NATIONALITY	NUMBER OF SHARES HELD
_____	_____	_____	_____

17. Business Name _____ (in which to be permitted)
Address and location (Attached map or sketch showing location street address)

_____Saipan _____Tinian _____Rota Village: _____

Business Mailing Address: _____

Local Telephone Number: _____ Local Facsimile Number: _____

18. Taxpayer Identification No. _____

19. Type of Business (Attach copy of Business License)

20. Business Experience of Applicant.

21. Number of local residents (to be) employed in the business. _____ (Please provide listing of employees
Are you in compliance with the 20% resident labor law requirement: _____ Yes _____ No

22. Number of alien workers to be employed in the business. (Please provide listing of employees).

23. Existing business (business in operation). Attach copies of financial statements and copies of tax returns.

24. Names of other business in which the applicants is an officer, or director, or shareholder.

_____	_____
_____	_____
_____	_____

25. Name and address of attorneys, consultants and advisors who have helped you in the preparation of this application.

_____	_____
_____	_____
_____	_____

26. Business Financial Statements, Personal Financial Statements and Bank References.

27. In support of this application, I submit evidences of capital listed under Section 1001 (c) 2. d. thru m.

HAVE READ AND FULLY UNDERSTAND THE DEPARTMENT OF COMMERCE LONG TERM BUSINESS CERTIFICATE RENEWAL APPLICATION FORM. I SWEAR UNDER PENALTY OF PERJURY AND REVOCATION OF THIS BUSINESS CERTIFICATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INCOMPLETE, FALSE OR MISLEADING INFORMATION WILL CONSTITUTE PROPER GROUNDS FOR REVOCATION OF MY BUSINESS ENTRY PERMIT AND/OR BUSINESS CERTIFICATE, REMOVAL FROM THE CNMI AND THE IMPOSITION OF CRIMINAL OR CIVIL PENALTIES.

BY MY SIGNATURE BELOW, I DO HEREBY AFFIRM AND SWEAR TO THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION SUPPLIED HEREIN AND THAT I HAVE PREPARED THIS APPLICATION MYSELF, OR THAT IT WAS PREPARED FOR ME BY MY AGENT _____ (Agent Name) _____ (Phone No.)

Applicant's Signature

(seal)

Date

Notary's signature