

Requirements to Obtain Specific Occasion Gambling Exemption Certificate

Complete Application Form

Tax Clearance or Copy of the Most Current Tax Filed

Copy of Annual Corporation Report

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



REGISTRAR OF CORPORATIONS DEPARTMENT OF COMMERCE

APPLICATION FOR SPECIFIC GAMBLING EXEMPTION CERTIFICATE

The applicant is solely responsible for mailing or delivering this application in such a manner that it is received by the CNMI Registrar of Corporations at least 30 days prior to the first day of the exempted gambling activities are to start. The Registrar of Corporation address is:

Registrar of Corporations
Department of Commerce
Room 27, 2nd Floor, Joeten Dandan Building
Caller 10007
Saipan, MP 96950

Answer each question fully. Use additional pages if necessary.

1. The full name of applicant, as it appears in records of the CNMI Registrar of Corporations is:

2. The date the applicant was first chartered or registered with the Registrar of Corporations as a non-profit or charitable corporation or association is:

3. The most recent date (if any) when the applicant previously conducted fundraising gambling activities:

4. The time and day(s) the applicant wishes to conduct its fundraising gambling activities.

Starting at: _____ o'clock ____ .m. on _____ ;
(time) (date)

Finishing at: _____ o'clock ____ .m. on _____ ;
(time) (date)

5. The location(s) where the applicant wishes to conduct its fundraising gambling activities:

_____.

6. The specific charitable purpose(s) for which the proceeds raised by the gambling activities will be used are:

7. The name of each gambling game that will be conducted is:

8. The maximum dollar amount of any single bet that may be made at one time is:

\$ _____.

9. The maximum dollar amount of any single payment that may be made by the player is:

\$ _____.

10. The name(s) of the people who will be conducting the game(s) are:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. The name(s) of the people who will be supervising the game(s) are:

_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Does the applicant have at least 12 members or shareholders who are full-time residents of the CNMI living in the Commonwealth at the time this application is filed?

_____ Yes _____ No

13. Are the majority of the applicants Board of Directors full-time residents of the CNMI living in the Commonwealth at the time this application is filed?

_____ Yes _____ No

14. Is the applicant aware that CNMI law requires the organization to file a written Financial Summary, in a form acceptable to the Registrar of Corporations, within 30 days after the completion of the gambling event; and that failure to file such a Financial Summary will result in the applicant or any such a Financial Summary will result in the applicant or any successor in interest being denied another Gaming Exemption Certificate by the Registrar of Corporations; and that the failure to file such Financial Summary is also a criminal misdemeanor which could result in a criminal prosecution of your organization pursuant to which the court could impose a fine of up to \$5,000 if convicted.

_____ Yes _____ No

15. Will all net profits and income from the gambling event be used only for charitable purposes as that term is defined in the "Rules for the Issuance of Gambling Exemption to Non-Profit Organizations: published in the Commonwealth Register on April 15, 1991?

_____ Yes _____ No

16. Will any person, corporation, association or entity (other than applicant) either individually or on a combined basis, receive more than either the sum of \$1,000.00 or 10% of the gross receipts (whichever is smaller) for staging or conducting the exempted gambling activity?

_____ Yes _____ No

17. Does the applicant understand that the information sought in this form is basic information and that the Registrar of Corporation can require the applicant to provide further or additional information prior to issuing Gaming Exemption Certification?

_____ Yes _____ No

18. Does the person signing this application fully understand its contents?

_____ Yes _____ No

19. Does the person signing this application have authority to act on behalf of the applicant?

_____ Yes _____ No

This application must be signed before a Notary or other person authorized to administer an oath in the CNMI.

I SWEAR UNDER PENALTY OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE.

Dated this _____ day of _____, 20__.

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Signature

Print Name

Title or Position

NOTARY PUBLIC

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



**REGISTRAR OF CORPORATIONS
DEPARTMENT OF COMMERCE**

FINANCIAL SUMMARY REPORT FOR EXEMPT GAMBLING ACTIVITY

Answer all questions fully. Use additional pages if necessary. If a portion of this report does not apply to your gambling fund raising activities indicate “N/A” or “Not Applicable.”

(1) The organization who conducted the gambling fund raising activities for which this report is filed is:

_____ .

(2) The location date and time during which the fund raising gambling activities were conducted was

_____ ;

Starting on _____ at _____ o'clock _____ m.;

(date) (time) (location)

Finishing on _____ at _____ o'clock _____ m.;

(date) (time)

(3) Income received from each gambling activity is as follows:

(a)	Gambling devices	-	-	-	\$ _____
(b)	Card games	-	-	-	\$ _____
(c)	Dice games	-	-	-	\$ _____
(d)	Other gambling games*	-	-	-	\$ _____

Total Gambling Income - - - - - \$ _____

(4) Income received from other related activities:

(a)	Admission charges (ticket sales)	-	-	-	\$ _____
(b)	Sale of food	-	-	-	\$ _____
(c)	Sale of beverages	-	-	-	\$ _____
(d)	Other income*	-	-	-	\$ _____

Total Other Income - - - - - \$ _____

*If any figures are set forth please explain on a separate sheet.

