



**DIVISION OF REVENUE AND TAXATION  
DEPARTMENT OF FINANCE**



P.O. Box 5234 CHRB SAIPAN, MP 96950

TEL. (670) 664-1000

FAX. (670) 664-1015

**BUSINESS LICENSE APPLICATION REQUIREMENTS**

|   | <b>SOLE PROPRIETOR</b> |         | <b>CORPORATION</b> |         | <b>PARTNERSHIP</b> |         | <b>LLC</b> |         | <b>NON-PROFIT</b> |         |
|---|------------------------|---------|--------------------|---------|--------------------|---------|------------|---------|-------------------|---------|
|   | New                    | Renewal | New                | Renewal | New                | Renewal | New        | Renewal | New               | Renewal |
| License Application                                       | X                      | X       | X                  | X       | X                  | X       | X          | X       | X                 | X       |
| Worker's Compensation Application                         | X                      | X       | X                  | X       | X                  | X       | X          | X       | X                 | X       |
| INO-Status (Non-US)                                       | X                      |         | X                  |         | X                  |         | X          |         |                   |         |
| Annual Corporate Report                                   |                        |         |                    | X       |                    | X       |            | X       |                   | X       |
| Articles & By-Laws (Corporation)                          |                        |         | X                  |         |                    |         |            |         | X                 |         |
| Partnership Agreement & Registration                      |                        |         |                    |         | X                  |         |            |         |                   |         |
| LLC Certificates of Organization Articles of Organization |                        |         |                    |         |                    |         | X          |         |                   |         |
| Sketch of Business Location                               | X                      | X       | X                  | X       | X                  | X       | X          | X       | X                 | X       |
| Original Business License                                 |                        | X       |                    | X       |                    | X       |            | X       |                   | X       |

**Note:** Box(es) marked with an "X" is a required document that must be submitted with the application.

In addition, **NON-US** Applicant(s) must provide a copy of **PASSPORT** and **ENTRY** or **BUSINESS PERMIT**.

**SCHEDULE OF FEES:**

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

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***MAP OF BUSINESS LOCATION***

*(i.e. street name, village, etc)*

***PHYSICAL LOCATION OF BUSINESS***

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