

## **DIVISION OF REVENUE AND TAXATION**

**Department of Finance** 

## **Enforcement and Regulatory Branch - Gaming Section** COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS P.O. Box 5234 CHRB Saipan MP 96950



Tel No. (670) 664-0002 / 1010

## **GAMING MACHINE LICENSE APPLICATION**

NEW   RENEWAL		LICENSE NO					
Pursuant to Title 4, §1503 of the o engage in or continue engagin peginning	ng in the com	mercial operation o	f POKEF	R MACHINES		by make an application	
In consideration for the issuance (Answer each item as accurately	of such lice	nse, the applicant is			information:		
Applicant's Full Name:							
Applicant's local mailing address	SS:						
3. Name of Business:			dba				
Business mailing address in th	e CNMI:						
5. Form of Business:	Sole Propri	etorshin	Partnership	Пс	orporation		
(Check one) Association			Non-profit organization Others				
6. Business phone no.:		(Specify)  7. Location of Business in the CNMI:					
(If none, give number presently used) Email:							
8. The Applicant is the:			_				
Owner President Other (Specify)			Rota				
TAG# SERIAL#	TAG#	SERIAL#	TAG#	SERIAL#	TAG#	SERIAL#	
nd accepted upon the condition that egulations of the Commonwealth of			nent of 4CMC §1	503, its accompanyii	ng regulations, a	and other laws and	
Signature of	Date						
		BELOW FOR C	FFICIAL USE	ONLY			
The cashier certifies that the applica	int license fee(	(s) have been paid.					
	Amount: \$			Receipt No.:			
Penalty: \$ Interest: \$							
Total Fee(s) Paid: \$			-			<u>-</u>	
				Signature of Ca	shier	Date	
First Endorsement							
The Enforcement and Regulatory B of the gaming license. If disapprove						Disapproval	
Enforcement Officer	•	Date					
Final Endorsement The Division of Revenue and Taxati endorsement.	on 🗌 App	roved Disap	proved the issu	ance of the amusem	ent license in tl	ne preceeding	
Director, Revenue and Taxation	_					 Date	