



COMMONWEALTH LOTTERY COMMISSION

P.O. Box 5234 CHRB, Saipan MP 96950 TEL: (670) 664-1100 Fax: 670 664-1115



APPLICATION FOR A COMMONWEALTH LOTTERY LICENSE BY AN INDIVIDUAL

I. APPLICANT INFORMATION

A. Name of Individual Applicant

Full Name _____
Last First Middle

Mailing Address _____
P.O. Box/Street Address Apartment/Unit#
City State ZIP Code

Physical Address _____
Street Address Apartment/Unit#

Phone No. _____ Email: _____

Social Security No. _____

B. Name of Gaming Establishment

Gaming Establishment _____

Address _____
Street Address Suite/Unit#

Tax I.D. No. _____

C. Type of License/Approval

☐ Officer Title: _____
(If this application is for interest in existing license, signature of a present licensee is required)

☐ Director Title: _____
(If this application is for interest in existing license, signature of a present licensee is required)

☐ Manager Title: _____
(If this application is for interest in existing license, signature of a present licensee is required)

☐ Member
Total percent _____ % Number of shares/units _____
Purchased From: ☐ Treasury ☐ Individual ☐ _____
(If this application is for interest in existing license, signature of a present licensee is required)

☐ Shareholder
Total percent _____ % Number of shares/units _____
Purchased From: ☐ Treasury ☐ Individual ☐ _____
(If this application is for interest in existing license, signature of a present licensee is required)

Signature of Applicant/Licensee _____

Print Name _____ Title _____

II. REQUIRED ATTACHMENTS

The applicant affirms that, as part of this application, the applicant is will submit the following required supporting forms:

- ☐ Form 1A – Applicant for Preliminary Finding of Suitability (*if applying for a provisional license*)
- ☐ Form 4 – Multi-Jurisdictional Personal History Disclosure
- ☐ Form 5 – Affidavit of Full Disclosure
- ☐ Form 6 – Release of Indemnity
- ☐ Form 7 – Authorization to Release Information
- ☐ Form 8 / 8A – Fingerprint Documentation (*applicants will be given up to 60 days from the date of application to complete fingerprinting and submit this form*)
- ☐ Any additional documents required by the Commission in connection with this application.

Failure to submit any required form may result in delay or denial of the license

III. DECLARATION AND ACKNOWLEDGEMENT

I, _____, declare under the penalty of perjury that the information provided in this application is true, complete, and accurate to the best of my knowledge and belief. I understand that misrepresentation or failure to disclose material information may be grounds for denial, suspension, or revocation of a lottery license.

In addition, I acknowledge and agree to the following:

1. The issuance of a lottery license, including a preliminary finding of suitability or provisional license, is a discretionary act of the Commission and does not confer any property right or vested interest.
2. Any misrepresentation, omission, or failure to disclose material information may result in denial suspension, or revocation of a license.
3. I agree to fully cooperate with all background investigations and suitability reviews, including providing requested documents and information, submitting to interviews, and responding to follow-up inquiries as required by the Commission.
4. I agree to pay all investigative and licensing fees as required by the Commission.
5. I agree to promptly notify the Commission of any material changes in the information provided in this form or its attachments.
6. Failure to cooperate with any investigation, refusal to provide requested information, or failure to pay applicable fees may result in a determination of unsuitability

Applicant _____

Signature

Notarization Required

State of: _____

County/Island: _____

Sworn to me (or affirmed) before me on

this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public

My Commission Expires _____

NOTICE

THIS APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE COMMISSION