



FEDERATED STATES OF MICRONESIA

DEPARTMENT OF RESOURCES AND DEVELOPMENT
PALIKIR, POHNPEI FM 96941

APPLICATION FOR BUSINESS LICENSE

PURSUANT TO TITLE 32 FSMC, SECTIONS 101 TO 110, THE UNDERSIGNED HEREBY MAKES APPLICATION TO ENGAGE IN OR CONTINUE IN THE BUSINESS OF (IMPORTER, EXPORTER, SECURITIES DEALER, INSURANCE COMPANY, INSURANCE BROKER, INSURANCE AGENT) FOR THE PERIOD OF TO (SEPERATE APPLICATION SHOULD BE FILED FOR EACH CLASS OF BUSINESS).

in consideration of the issuance of license, the applicant makes the following statements: (please print).

- 1. APPLICANT'S FULL NAME:
2. APPLICANT'S ADDRESS IS:
3. CITIZENSHIP OF APPLICANT: MICRONESIAN NON-MICRONESIAN
4. IF APPLICANT IS NON-CITIZEN, PLEASE PROVIDE THE FOLLOWING:
A. COUNTRY OF CITIZENSHIP:
B. FSM FOREIGN INVESTMENT BUSINESS PERMIT NUMBER:
C. ISSUANCE DATE:
D. EXPIRATION DATE:
E. SCOPE OF BUSINESS ACTIVITIES PERMITTED:
5. DATE OF BUSINESS REGISTRATION OR CHARTER:
6. APPLICANT WILL DO BUSINESS UNDER THE NAME OF:
7. APPLICANT'S BUSINESS IS: (NAME OF BUSINESS)
A. IF A CORPORATION, WHERE INCORPORATED?
B. IF NON-FSM COMPANY, HAS IT REGISTERED WITH THE FSM REGISTRAR OF CORPORATIONS? YES NO
8. THE LOCATION OF BUSINESS PREMISES IS AT: (ISLAND/VILLAGE) (MUNICIPALITY)
9. THE APPLICANT IS THE OWNER, THE PRESIDENT, MANAGER OR A PRINCIPAL STOCKHOLDER OF THE BUSINESS TO BE LICENSED AND IS A PERSON IN GOOD BUSINESS STANDING HE/SHE IS FAMILIAR WITH THE LAWS RELATING TO THE PAYMENT OF FEES AND TAXES AND UNDERSTANDS THE REQUIREMENT OF MAINTAINING ACCURATE RECORDS AND WILL MAKE THEM AVAILABLE WHEN REQUIRED FOR EXAMINATION BY FSM OFFICIALS.

I, (NAME OF APPLICANT) PRINT, HEREBY CERTIFY THAT THE STATEMENTS ARE TRUE AND CORRECT, AND THAT UPON ISSUANCE OF THE LICENSE, I WILL FULLY COMPLY WITH FSM LAWS, RULES AND REGULATIONS AND WILL FAITHFULLY PAY ANY FEES AND TAXES DUE TO THE NATIONAL GOVERNMENT OF THE FEDERATED STATES OF MICRONESIA.

(SIGNATURE OF APPLICANT) (DATE)

FOR OFFICIAL ENDORSEMENT ONLY
STATE GOVERNOR

THE STATE GOVERNOR HAS REVIEWED THE APPLICATION AND HEREBY RECOMMENDS ITS APPROVAL DISAPPROVAL

(SIGNATURE OF STATE GOVERNOR) (DATE)

CUSTOMS OFFICE, FSM DEPARTMENT OF FINANCE

THE NATIONAL CUSTOMS OFFICER CERTIFIES THAT ALL TAXES CONNECTED WITH CLASS OF BUSINESS BEING APPLIED FOR: HAVE BEEN PAID HAVE NOT BEEN PAID (MARK APPROPRIATE BOX WITH XX.) THE REQUIRED LICENSE FEES IN THE AMOUNT OF \$ AND APPLICABLE PENALTY IN THE AMOUNT OF \$ HAVE BEEN PAID AS SHOWN ON CASH RECEIPT NO. DATE: LICENSE APPLICATION STATUS IS: NEW RENEWAL.

(NATIONAL CUSTOMS OFFICIAL) (DATE)

STATEMENT CONTAINED HEREIN WITH RESPECT TO THE STATUS OF FEES AND TAXES ARE FOR THE SOLE USE OF THE GOVERNMENT AND MAY NOT BE RELIED UPON BY THE APPLICANT.

FSM DEPARTMENT OF RESOURCES AND DEVELOPMENT

THE SECRETARY OF RESOURCES AND DEVELOPMENT OF THE FEDERATED STATES OF MICRONESIA HAS REVIEWED THE APPLICATION AND ISSUED THE BUSINESS LICENSE ACCORDINGLY.

(SECRETARY OF RESOURCES AND DEVELOPMENT) (DATE)

LICENSE NUMBER ASSIGNED:
DATE ISSUED:
EXPIRATION DATE: