



# Division of Revenue and Taxation Department of Finance



P.O. Box 5234 CHRB SAIPAN, MP 96950    TEL. (670) 664-1000    FAX. (670) 664-1015

## TEMPORARY BUSINESS LICENSE APPLICATION

<b>BUSINESS INFORMATION</b>	
Business Name	
Owner Name	
Mailing Address	
Contact Number	Email Address
<b>EVENT INFORMATION</b>	
Event Name	
Event Location	
Event Date(s)	
<input type="checkbox"/> Food Vendor	<input type="checkbox"/> Other Vendor (please specify)
<p>Temporary Business Licenses shall only be issued for community and public events not lasting more than 30 consecutive days.</p> <p>Temporary Business Licenses cannot be transferred or renewed.</p> <p>A non-refundable \$20.00 temporary business license fee is required upon submission of the application.</p>	
<b>OFFICIAL USE ONLY</b>	
Reviewed by: _____	Date: _____
Amount: \$20.00    Receipt No. _____	Payment Date: _____
Approved by: _____	Date: _____
Temporary Business License # _____	Issue Date: _____
Effective Date: _____	Expiration Date: _____