



# MAJURO ATOLL LOCAL GOVERNMENT

POST OFFICE BOX 796 • MAJURO, MH 96960

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## APPLICATION FOR BUSINESS LICENSE

PURSUANT TO MAJURO ATOLL LOCAL GOVERNMENT ORDINANCE 1986-5, THE UNDERSIGNED HEREBY MAKES APPLICATION TO ENGAGE IN OR CONTINUE IN \_\_\_\_\_

BUSINESS FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

IN CONSIDERATION OF THE ISSUANCE OF SUCH LICENSE, THE APPLICANT MAKES THE FOLLOWING STATEMENTS:

1. Applicant's full name is: \_\_\_\_\_
2. Applicant's address is: \_\_\_\_\_
3. Applicant's will do business under the name of: \_\_\_\_\_
4. Applicant's business is:   A. SOLE PROPRIETOR ..... [ ]   C. CORPORATION ..... [ ]  
  B. PARTNERSHIP ..... [ ]   D. ASSOCIATION ..... [ ]
5. The business proposed to be licensed is to be located at: \_\_\_\_\_
6. Kind of Business \_\_\_\_\_ (if more than one, please write what kind and their names)

7. Number of Cash Register(s): \_\_\_\_\_  
The applicant is familiar with the provision of MALGov Ordinance 1986-5 relating to the payment of fees and taxes imposed under such ordinance and the requirements of maintaining accurate records and will make them available for examination by MALGov.

8. [ ] Cash Receipts Monthly   9. [ ] Monthly Master Tape   10. [ ] Business Checking Account Monthly

11. [ ] TAXI (Must submit monthly report with daily sales breakdowns).

12. Restaurant Health Permit(s): \_\_\_\_\_ (if applicable)

13. Foreign Investment License: \_\_\_\_\_   14. Employer Identification Number: \_\_\_\_\_

15. Passport: # \_\_\_\_\_ Nationality \_\_\_\_\_

### MAJURO ATOLL LOCAL GOVERNMENT LICENSE

16. [ ] New License   [ ] Reapply – Prior MALGov License No.: \_\_\_\_\_

17. [ ] Suspended License No.: \_\_\_\_\_ Reason: \_\_\_\_\_

18. [ ] Revoked License No.: \_\_\_\_\_ Reason: \_\_\_\_\_

I, the applicant, hereby certify that the statements are true and correct. I further agree that any license to be issued to me will be granted and accepted upon the consideration that I will fully comply with the Ordinance, Rules and Regulations of MALGov. Any fees and taxes due will faithfully be paid to the Treasurer or Authorized Tax Collectors of MALGov.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

#### ENDORSEMENT:

This application has been reviewed and is [ ] Approved [ ] Disapproved

\_\_\_\_\_  
MAYOR, Majuro Atoll Local Government

\_\_\_\_\_  
Date

LICENSE NUMBER ASSIGNED: \_\_\_\_\_

ISSUED: \_\_\_\_\_