

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



COMMONWEALTH CASINO COMMISSION

**APPLICATION FOR PROVISIONAL LICENSE  
FOR CASINO & GAMING-RELATED SERVICE PROVIDER LICENSE**

*For Official Use Only*

Applicant: \_\_\_\_\_

Product/Service: \_\_\_\_\_

Date Received: \_\_\_\_\_

DOF Payment Receipt #: \_\_\_\_\_

NOTE: Application Fee of **\$7,500.00** must be attached to this Application

\* Provisional License Fee: \$2,500.00

\* Regular Casino Service Provider License Fee: \$5,000.00



Commonwealth Casino Commission  
P.O. Box 500237  
Saipan, MP 96950

**PART 1: APPLICATION FOR A COMMONWEALTH CASINO COMMISSION  
PROVISIONAL CASINO AND GAMING-RELATED SERVICE  
PROVIDER LICENSE**

(To be typewritten or printed legibly. The INITIAL and DATE at the bottom of each page MUST be HANDWRITTEN in **BLACK** or **BLUE** ink.)

The undersigned hereby submits this application for a CNMI Provisional Casino and Gaming-Related Service Provider License:

**A. NAME OF APPLICANT\* :** \_\_\_\_\_  
(DO NOT ABBREVIATE)

- NAME AS APPEARS ON THE CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENT.

**B. DBA OR TRADE NAME(S):** \_\_\_\_\_

**C. FEDERAL TAXPAYER ID NO.:** \_\_\_\_\_

**D. STATE TAXPAYER ID NO.:** \_\_\_\_\_

**E. PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION:**

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**F. THE PRINCIPAL BUSINESS ADDRESS OF THE APPLICANT:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PART II: BUSINESS ORGANIZATION AND OPERATION:**

**A. APPLICANT REQUESTS A PROVISIONAL CASINO SERVICE PROVIDER LICENSE TO DO THE FOLLOWING:**

*(Check all that apply.)*

- Manufacturer** of casino gaming equipment, devices, and/or other related gaming goods;
- Distributor** (sell or lease) of casino gaming equipment, devices, and/or related goods;
- Provide **Maintenance and/or Repair Services** on casino equipment, device, and/or goods;
- Provide **Other Services**, including but not limited to services to be provided by a third-party gaming junket entity, related to casino gaming or casino equipment, goods, and/or gaming related devices.

If you checked "Other Services" above, please explain in the space provided

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**B. FORM OF ORGANIZATION (Check One):**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> C-Corporation       | <input type="checkbox"/> LLC         | <input type="checkbox"/> S-Corporation       |
| <input type="checkbox"/> Trust               | <input type="checkbox"/> Other       |  |

(Describe) \_\_\_\_\_

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1. Complete the following (if the applicant is a partnership, limited liability company, or other form of business organization):

a) State of Incorporation/Organization: \_\_\_\_\_

b) Date of qualification to do business in the State of \_\_\_\_\_

2. Business name as it appears on formation documents: \_\_\_\_\_

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3. Date of Incorporation or Formation: \_\_\_\_\_

4. Is the Applicant registered or licensed to do business in the CNMI?  Yes  No

If yes, please provide Registration or Business License Number: \_\_\_\_\_

**C. BUSINESS ACTIVITY:**

1. Proposed effective date of business transaction with Imperial Pacific International (CNMI), LLC. (IPI):  
\_\_\_\_\_
  
2. Estimated amount of business transaction per year with IPI:
  - a) Estimated Quarterly Sales and/or other Financial Transaction: US \$ \_\_\_\_\_
  - b) Estimated Annual Sales and/or Other Financial Transaction: US \$ \_\_\_\_\_
  
3. Provide the Commission with a copy of your current and valid Business License to market or sell your product(s).
  
4. Provide a certified copy of the Articles of Incorporation, Articles of Organization, or a true copy of the Partnership Agreement.
  
5. The Commonwealth Casino Commission Rules and Regulations authorize the issuance of a CNMI Provisional License for a Service Provider who is licensed as a Casino Service Provider in any U.S. casino jurisdiction. No holder of a CNMI Provisional License may provide any casino or gaming device, machine, service, or thing that it is not presently licensed to provide in the United States of America.
  - a) Do you presently have a valid license from any U.S. casino jurisdiction as a Casino Service Provider?       Yes       No

If Yes, please provide the Commission with a copy of your valid license.
  
6. List below the Casino and Gaming-Related Equipment, Devices, Machines, Services, and Commodities anticipated to be marketed or sold to IPI.

| DESCRIPTION OF EQUIPMENT/DEVICE | INVOICE VALUE FOR EACH | ESTIMATED # TO BE SOLD |
|---------------------------------|------------------------|------------------------|
| a) _____                        | \$ _____               | / _____                |
| b) _____                        | \$ _____               | / _____                |
| c) _____                        | \$ _____               | / _____                |
| d) _____                        | \$ _____               | / _____                |
| e) _____                        | \$ _____               | / _____                |
| f) _____                        | \$ _____               | / _____                |
| g) _____                        | \$ _____               | / _____                |
| h) _____                        | \$ _____               | / _____                |

**PART III. APPLICANT CERTIFICATION:**

The applicant understands, agrees and certifies that, **IF REQUESTED** by the Commonwealth Casino Commission, as part of its review of this Provisional Casino Service Provider License Application, it will furnish, provide, and comply with the following Terms and Conditions:

- A. Maintain a ledger in the principal office of the business in the State of \_\_\_\_\_, which shall:
  - 1. At all times reflect the ownership of every class of security issued by the corporation, partnership, or limited liability company; and
  - 2. Be available for inspection by the Commonwealth Casino Commission (“Commission”) and their authorized agents at all reasonable times without notice.
- B. Provide any further financial data or other information that may be deemed necessary or appropriate.
- C. Provide the Commission an annual profit and loss statement and balance sheet, and a copy of its annual federal income tax return within Thirty (30) days after such return is filed with the Federal Government.
- D. If the applicant is licensed in Nevada, every security issued by it shall bear a statement, on both sides of the certificate, as is required by NRS 463 and the Regulations of the Nevada Gaming Control Board and Nevada Gaming Commission.
- E. Report to the Commission any change in corporation personnel who have been designated by the Commission as Casino Key Employees.
- F. Officers and other key employees of the applicant when requested shall execute an application and file same with the Commission in accordance with their request.
- G. The Commonwealth Casino Commission Rules and Regulations require any applicant to pay all or any part of the fees or costs of investigation of such applicant as may be determined by the Commission.

**PART IV. FEES AND PAYMENT:**

The Commonwealth Casino Commission **Provisional Service Provider License Application Fee is \$2,500.00**. This amount is a non-refundable application fee and payment must be attached to this Application. Please make check payable to the “**CNMI TREASURER**”.

- A. **Mail To:** Commonwealth Casino Commission  
Springs Plaza, Unit #13 & #14  
Chalan Pale Arnold, Gualo Rai  
P.O. Box 500237  
Saipan, MP 96950

**B. Wire Transfer Funds To:**

1. **Account Name:** CNMI Treasury  
General Fund Account  
P.O. Box 5234 CHRB  
Saipan, MP 96950
2. **Bank Name:** Bank of Guam  
Garapan Branch  
P.O. Box 678  
Saipan, MP 96950
3. **Bank Routing Number:** 1214-05115
4. **Account Number:** 0103-025301
5. **Type of Account:** Checking
6. **Amount:** \$5,000.00 (U.S. Currency) for Regular License (2 Year License)  
\$2,500.00 (U.S. Currency) for Provisional License (Annual)  
\$7,500.00 (U.S. Currency) for both Application Fees
7. **Memo:** For Business Unit **7079A**; Sub-Account: 41683

All applicants applying for the Casino and Gaming-related **Provisional Casino Service Provider License** must also submit the payment of fees for the regular Casino Service Provider License Application. The amount for the regular Casino Service Provider License is **\$5,000.00**.

In short, the payment of **\$7,500.00** must be made payable to the "**CNMI Treasurer**" and must be attached to this Application. Provisional Casino Service Provider Licenses are short-term Licenses and valid for not to exceed Twelve (12) months from date of issuance.

