

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



COMMONWEALTH CASINO COMMISSION

**APPLICATION FOR PROVISIONAL LICENSE  
FOR CASINO & GAMING-RELATED VENDOR LICENSE**

*For Official Use Only*

*Applicant:* \_\_\_\_\_  
*Company or Corporate Name*

*Service or Products:* \_\_\_\_\_

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

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

**NOTE:** Both Application Fee of \$7,500.00 must be submitted with this Application or Wire Transferred

\* Provisional Application Fee: \$2,500.00

\* Regular Application Fee: \$5,000.00



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

**PART 1: APPLICATION FOR A COMMONWEALTH CASINO COMMISSION  
PROVISIONAL CASINO GAMING VENDOR 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 Gaming Vendor 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 GAMING VENDOR 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

---

---

---

**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) \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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 Casino Gaming Vendor License who is licensed as a Casino Gaming Vendor 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 Gaming Vendor?  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 Gaming Vendor 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's **Provisional Gaming Vendor License Application Fee is \$2,500.00**. All applicants applying for the Casino and Gaming-related **Provisional Casino Gaming Vendor License** must also submit the payment of fees for the regular Casino Gaming Vendor License Application.

The amount for the regular Casino Gaming Vendor License is **\$5,000.00**. These amount are non-refundable application fees and payment must be made before the submission of the Provisional 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 (1 Year License)  
\$7,500.00 (U.S. Currency) for both Application Fees
7. **Memo:** For Business Unit **7079A**; Sub-Account: 41684 (Provisional)  
Sub-Account: 41683 (Regular)

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 Gaming Vendor Licenses are short-term Licenses and valid for not to exceed Twelve (12) months from date of issuance.

**AFFIDAVIT OF ACKNOWLEDGMENT AND CERTIFICATION**

THE OBLIGATIONS HEREIN CONTAINED ARE NOT INTENDED TO BE COMPLETE. THE LAWS OF THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS AND THE COMMONWEALTH CASINO RULES AND REGULATIONS MUST BE FOLLOWED AND ARE APPLICABLE AT ALL TIMES

STATE OF \_\_\_\_\_ )  
 )  
 )  
COUNTY/ISLAND OF \_\_\_\_\_ )

SS:

\_\_\_\_\_, being duly sworn, depose and say that the above statements are true, correct, and complete to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Commonwealth of the Northern Mariana Islands ("CNMI") **Provisional Casino Gaming Vendor License**. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a Provisional License. Further, that I am voluntarily submitting this application under oath with full knowledge that the Commonwealth Casino Commission Rules and Regulations provides that "Any person making false oath in any matter before the commission is guilty of perjury." I am voluntarily submitting this application under oath with full knowledge that I am required to submit this application to the Commission who has the authority to grant and issue the Provisional Casino Gaming Vendor License.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Applicant

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**Notarization Required**

STATE OF: \_\_\_\_\_ )  
 )  
 )  
COUNTY/ISLAND: \_\_\_\_\_ )

ss:

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_