



DIVISION OF REVENUE AND TAXATION

Department of Finance

Commonwealth of the Northern Mariana Islands

Business License Application Requirements for Scuba Diving Instruction and/or Tour Operator



- ☐ Business License Application for Scuba Diving Instruction and/or Tour Operation
(Required attachments listed on Part D of the application)
- ☐ Affidavit of Certification and Good Standing (must be notarized)
- ☐ Workers' Compensation Application for Clearance
- ☐ Updated Annual Report (filed with CNMI Registrar of Corporations)
- ☐ Copies of Passports of Corporate Officers, Directors and Shareholders
- ☐ Immigration Status of Corporate Officers, Directors and Shareholders (non-US)
- ☐ Map of Physical Location of Business
- ☐ Original License(s) to be renewed

FEES: SCUBA DIVING INSTRUCTION \$100.00
SCUBA DIVING TOUR OPERATION \$100.00



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Business License Application for Scuba Diving Instruction and/or Tour Operator



A. TYPE OF APPLICATION

- ☐ New
☐ Renewal – Business License No. _____
☐ Amendment (check below)
☐ Additional location ☐ Change of location ☐ Add DBA ☐ Change of business name ☐ Request for duplicate license

Taxpayer's I.D. No.: _____

Federal Employer I.D. No.: _____

1st Year of Operation: _____

B. APPLICANT INFORMATION

1. Form of Business:

- ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Other

NAME OF

APPLICANT: _____

2. Mailing

Address: _____

Tel: _____ Fax: _____ Email address: _____

C. LINE(S) OF BUSINESS APPLIED FOR: ☐ SCUBA DIVING INSTRUCTION ☐ SCUBA DIVING TOUR OPERATION

	D.B.A. (assumed name)	Island	Village
1.	_____	_____	_____
2.	_____	_____	_____

If the applicant is a foreign corporation or a non-CNMI resident, please provide the name of the registered agent below.

Name: _____ Mailing Address: _____ Tel: _____

D. ATTACHED HERETO ARE THE FOLLOWING DOCUMENTS:

- ____ Proof of employment for each employee serving as a scuba diving instructor or tour leader.
____ Copy of certification card issued by PADI, NAUI, or other certification agency for each instructor, assistant instructor, or dive master employed by the business.
____ Affidavit of certification and good standing completed and signed by each employee to be employed as a scuba diving instructor and/or tour leader.
____ Proof of liability insurance sufficient to insure the employee(s) and business against accidental injury of any student and/or customer that may occur during the course of the instruction or scuba diving tour in an amount no less than five hundred thousand dollars (\$500,000.00) per incident "Note" liability insurance must be shown in U.S. dollars.

E. APPLICANT DECLARATION

I declare under penalty of perjury that the information above and documents attached hereto are true and correct, and that I have complied with all Commonwealth laws, rules and regulations, promulgated pursuant thereto. I understand that any violation of CNMI licensing requirements or the Safe Diving Act, or any willful misstatement or omission of a material fact on this application, or any documents attached hereto, shall be grounds for denial or revocation of a business license, and shall subject me to the imposition of civil and/or criminal penalties, or both, as allowed by law.

Declaration is made on this _____ day of _____ 20____ at _____.

Print Applicant's Name	Signature	Title	Date
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OFFICIAL USE ONLY

The applicant () is () is not recommended for approval for the issuance of a business license. Reviewed by _____ Date _____

Approved by _____ Date _____ Date license issued _____ Business License Number _____

License fee paid \$ _____ Penalty \$ _____ Date paid _____ Receipt No. _____



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Affidavit of Certification and Good Standing for Scuba Diving Instruction and/or Tour Operator



I, _____, being duly sworn and on oath do hereby depose and say;

1. That I, am a resident of _____,

2. That I, am a certified _____.
(Indicate level of certification, i.e., instructor, assistant instructor, or dive master and indicate certifying organization).

3. That I, am employed by _____
(Name of company, corporation, or employer)

in the capacity of a _____
(indicate if employed as an instructor or tour leader for scuba diving)

4. Attached hereto is a true and correct copy of my certification, indicating current status.

If employed as a scuba diving tour leader:

The standard of the certifying organization indicated in item number (2) above () does
() does not permit me to guide scuba divers underwater.

My certification is current and has not been revoked or lapsed.

Dated this _____ day of _____ 20_____.

SUBSCRIBED AND SWORN TO before me, this _____ day of _____ 20_____

NOTARY PUBLIC



DIVISION OF REVENUE AND TAXATION
Department of Finance
Commonwealth of the Northern Mariana Islands
Business License Application Business Location



Map of Business Location
(i.e., street name, village, etc...)

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Physical Location of Business



Department of Commerce

WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan MP 96950
Tel: (670) 664-8018/8024 • Fax (670) 664-8074
Website: www.commerce.gov.mp



Application for Certificate of Clearance

Please take notice that pursuant to the CNMI Workers' Compensation Law, as amended, every employer in the Commonwealth is required to secure insurance coverage for employee(s) in case of occupational injury, illness, or death. The law further requires that all applicants for business licenses in the CNMI (whether its an application for a new business or the renewal for an existing business) must obtain a Certificate of Clearance from the Workers' Compensation Commission before the Secretary of Finance will issue such business license.

Name of Business: _____

Address: _____

Name of Applicant/Representative: _____

PLEASE MARK THE APPROPRIATE AREA(S) BELOW

A. BUSINESS LICENSE APPLICANT - NEW:

- ☐ I am not an employer now. I do, however, understand the requirement of the Workers' Compensation Law. If I hire any employee in the future, I will comply with the requirements as mandated by law, and immediately secure coverage for my employee(s) and will file a Certificate of Compliance within 30 days thereafter.
- ☐ I am an employer or will be hiring personnel within a few days. I am providing a copy of the workers' compensation insurance policy in effect and a Certificate of Compliance (FORM WCC- I 00) as required.
- ☐ I have never been an employer operating under a different name.

B. BUSINESS LICENSE APPLICANT - RENEWAL:

- ☐ I have renewed the workers' compensation insurance coverage. I am providing a copy of the workers' compensation insurance policy in effect and a Certificate of Compliance (FORM WCC-100) as required.
- ☐ I did not or no longer have any personnel employed by the business.

Signature of Applicant or Representative

Date

WORKERS' COMPENSATION COMMISSION

PUBLIC NOTICE

THIS IS A REMINDER TO ALL BUSINESS LICENSE APPLICANTS. Pursuant to Public Law 6-33 & 9-33. "The Workers' Compensation Law", all employers in the Commonwealth of the Northern Mariana Islands are required to provide workers' compensation insurance coverage for their employees. Upon procuring such insurance coverage, you must file a Certificate of Compliance (Form WCC- I 00) along with a copy of your insurance policy to Workers' Compensation Commission within 30 days. The 30-days grace period is also applied to renewal of an existing insurance policy.

WHAT WILL HAPPEN IF YOU FAILED TO COMPLY WITH THE WORKERS' COMPENSATION COVERAGE REQUIREMENTS?

First of all, there is a civil penalty for non-compliance. Failure to secure workers' compensation coverage will result in the assessment of a civil penalty amounting to \$100 per day. However, in the event the insurance policy is issued but you failed to file the Certificate of Compliance with WCC within the 30-days grace period, the penalty assessment is \$100. It is the responsibility of the Employer (not the Insurance Carrier) to file the Certificate of Compliance.

Secondly, you are required to obtain a certificate of clearance from Workers' Compensation Commission prior to issuance of your business license. When you apply for a new business license or renewing your existing license, you are required by law to show evidence that you have complied with the Workers' Compensation coverage requirements. Failure to obtain the Certificate of Clearance will jeopardize the processing of your business license. In other words, the approval of your business license is contingent upon the issuance of the Certificate of Compliance.

YOU MUST PROVIDE THE FOLLOWING IN ORDER TO OBTAIN A CERTIFICATE OF CLEARANCE:

- 1. Business License Application**
- 2. Application for a Certificate of Clearance**
- 3. Proof of insurance coverage (if you have employees)**
- 4. Copy of Business License**
- 5. Map (location of your Business)**

For more information, please visit or contact the Workers' Compensation Commission offices nearest you.

SAIPAN BRANCH
Dept. Of Commerce Building
Ground Floor, Capitol Hill
Phone No. (670) 664-8024
Fax No. (670) 664-8074

TINIAN BRANCH
Dept. Of Commerce Building
San Jose Village, Tinian
Phone No. (670) 433-0853
Fax No. (670) 433-0854

ROTA BRANCH
Dept. Of Commerce Building
Sinapalo Village, Rota
Phone No. (670) 532-9478
Fax No. (670) 532-9510