



Commonwealth of the Northern Mariana Islands
2nd Floor, Juan A. Sablan Memorial Bldg., Capitol Hill
Caller Box 10007
Saipan, MP 96950

Gift Enterprise Lottery Application

1. Date: _____

2. Business Name: _____

3. Business License Number: _____

4. Is your business license current? _____

5. When was your initial business license obtained? _____

6. What is your primary business activity? _____

7. Identify business location(s): _____

8. What prizes will be awarded and what is their value?
(cash prizes are not allowed and total value limited to less than \$35,000)

9. What are the dates for the proposed gift enterprise lottery? _____

10. What was the dates of the last gift enterprise lottery by this business? _____

11. By signature below individual indicates that he is authorized to sign for the business and attests that the information provided is under penalty of perjury:

Signature

Name

Date

Approved _____ Disapproved _____

Secretary of Finance Signature _____