

**YAP STATE BUSINESS LICENSE
ANNUAL REPORT (RENEWAL)**

Business License Number: _____
Date Issued: _____

This Annual Report Form must be completed by every holder of a Yap State Business License pursuant to Section 109 of the Yap State Business Licenses Act and submitted to the Director of Resources & Development by October 1st of each year along with the appropriate non-refundable filing fee, payable to Yap State Treasury. The annual reporting period shall be the 12 months beginning July 1st of the preceding year through June 30th of the current year.

- | | |
|--|--|
| <p>1. Name of Business and Address: _____

(phone) _____
(fax) _____
(E-Mail) _____</p> | <p>2. Name and Address of a person residing in the state who is designated as Agent for service of process.

(phone) _____
(fax) _____
(E-Mail) _____</p> |
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3. Name and title of the person completing this Annual Report: _____

4. Type of Business: _____
If business is engaging in the selling of alcohol, please attached a copy of a renewed Alcohol License with this application upon submission to the Department of Resources & Development.

5. Type of Business Organization:
- | | |
|--|--|
| <p>{ } Foreign Corporation</p> <p>{ } FSM Corporation</p> <p>{ } Yap State Corporation</p> <p>{ } Other (please specify) _____</p> | <p>{ } Joint Venture</p> <p>{ } Sole Proprietorship</p> <p>{ } Partnership</p> |
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6. List the business activities in which the licensee is engaged in and their locations.
(use additional sheet of paper if necessary)

7. List the names under which the licensee is doing business.

8. Are you a holder of a FSM/Yap State Foreign Investment Permit? YES NO
If you answer "YES" please give the permit number and date of issue.

9. Total value of existing investment. _____

10. Total number of employees: FSM Citizen _____ Non-FSM Citizen _____

11. Indicate the highest and lowest wages paid:

	FSM Citizen	Non-FSM Citizen
Highest wage (rate per hour)	_____	_____
Lowest wage (rate per hour)	_____	_____

12. Is the Licensee indebted to any government, citizen, or resident of FSM for more than 30 days

after adjudication of the debt by final and non-appealable order of a court of competent jurisdiction or an administrative body with jurisdiction? YES NO

If "YES" provide details and related documents. _____

Please note that a Licensee is not indebted within the meaning of the Act and applicable regulations if the Licensee and creditor have agreed to a payment plan and the Licensee is up to date on his payment under the plan.

13. Describe in detail any criminal convictions obtained or criminal charges brought against the business entity, its owners (shareholders owning 10% or more), officers, directors, and/or management in the past year.
14. Describe in detail any civil actions commenced or judgments obtained against the business entity, its shareholders, officers, directors, and/or management in the past year.
15. Describe in detail any administrative proceedings commenced against the business entity, its shareholders, officers, directors, and/or management in the past year.
16. Describe in detail whether the business entity or its principals have ceased doing business in any other jurisdiction within or without the FSM or have commenced doing business within or without the FSM in the past year.
17. If the location of business is within a municipality or island having written business regulations, applicant is required to submit a written evidence of compliance with the applicable municipal business license regulation.
18. Please attach a copy of payment receipt of Business License fee for this application from Yap State Treasury.

I certify that all the information and statements contained in this application are true and correct to the best of my knowledge.

Applicant Signature

Date

OFFICIAL USE ONLY (Yap State Treasury)

I received from applicant the amount of (\$_____) for his/her business license fee(s).

Receipt Number

Yap State Treasurer

Date

Application Approved

Application Disapproved

Registrar of Corporations

Date

Application Approved

Application Disapproved

Business License Officer

Date