APPENDIX B

YAP STATE
BUSINESS LICENSE
APPLICATION FORM

Section 105 of the Yap State Business License Act states that "a person shall not engage in business within the State of Yap unless that person holds a valid Yap State Business License." In Section 120 © states that any person(s) in violation of Section 105 shall be subject to penalty of imprisonment or a fine.

Name of Business: _____

Business Owner: _____ _____ _____
Last Name First Middle Initial

_____ _____ _____
Village Municipality Atoll/Island

Address: _____ _____ _____ _____
P.O. Box Number City State Zip Code

Phone No. _____Fax No. _____ E-Mail Address: (if any) - _____

List Name, Address & Telephone Number of a person residing in the state who is designated as agent for service of process.

_____ _____ _____ _____
Last, First, Middle Initial P.O. Box # Village, Municipality Phone No.

For corporations, partnerships or joint ventures, please provide a certified copy of minutes of the Board of Directors', partners' or joint venture's meeting, or a sworn affidavit, if other form of business, authorizing this person to serve as local agent.

1. Type of Business: _____
   - **If business is to engage in the sale of alcohol, please inquire at Yap State Treasury for application. Copy of Alcohol License shall be attached to this application upon submission to the Department of Resources & Development.**
2. Type of Business Organization: (Please check one)

   O Foreign Corporation
   O FSM Corporation
   O Yap State Corporation
   O Partnership
   O Joint Venture
   O Sole-Proprietorship
   O Other (Please specify) _____

3. Location of business: _____ _____ _____
   Village Municipality Atoll/Island

4. Date business is expected to begin: _____

5. My age is (_____) years old; my citizenship is _____
   - *If applicant is less than 18 years of age, application must be signed by a parent or legal guardian.*

6. Are you a holder of a FSM/State Foreign Investment Permit? YES ☐ NO ☐

7. Total value of existing investment in Yap State $ _____

8. Total value of new investment in Yap for which this application is submitted. $_____

9. Indicate employment opportunities anticipated during the first full year of operation.

a. Total anticipated number of employees: _____

b. How many are expected to be FSM citizens? _____

c. List down all anticipated job categories.

_____ _____

_____ _____

_____ _____

_____ _____

(use additional sheet if necessary)

10. Existing employment opportunities.

a. Total number of employees from all of applicant's existing businesses in Yap. _____

b. How many are FSM citizens? _____

11. Attach a copy of Police Clearance for the last five years and issued within the last 30 days from the date of this application. Police clearance has to be from applicant's predominant place(s) of residence for the last five years. Identify any and all legal actions including criminal and administrative hearings in the past 5 years to which the applicant or any affiliated business enterprise has been identified as a party. Provide a brief description of the nature and outcome of the litigation. _____

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

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

_____	_____	_____
Receipt Number	Yap State Treasurer	Date

OFFICIAL USE ONLY

Application Approved ☐ Application Disapproved ☐

_____ _____

Registrar of Corporation Date

Application Approved ☐ Application Disapproved ☐

_____ _____

Business Licensing Officer Date