

License Fee _____
License No. _____
Receipt No. _____
Date _____
Teller _____

APPLICATION FOR BUSINESS LICENSE

Please Print or Type
And complete all Sections.
An incomplete Section will
Delay your application

Date _____

For Calendar Year _____

Name of Applicant (s) _____ Date of Birth _____

Mailing address _____

Telephone (s) Home _____ Business _____ Post Office Box Number _____

Name of Business (d.b.a) _____

Type of Business _____

Qualifications of Applicant (s) to operate successfully _____

Business Location: _____ Existing or New Structure
Village

Justification for Business Location _____

Sole Ownership Partnership Corporation

NOTE: CORPORATIONS must complete the recordation of their Articles of Incorporation which Is evidenced by the Certificate of Incorporation issued by the Treasurer of the American Samoa Government. Copies of PARTNERSHIP AGREEMENTS and ARTICLES OF INCORPORATION should be submitted to the Revenue Branch along with this application form and relevant documents. ALIENS cannot operate SOLE OWNERSHIP ENTERPRISES, and PARTNERSHIPS with ALIENS are subject to review by the IMMIGRATION BOARD.

Names of Principals:	Residence	Birthplace
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Initial Capital: Dollar Amount Contributed by

1. _____ 3. _____
2. _____ 4. _____

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING.

A false statement on this application may be grounds for denial of a business or for revocation of a license if already issued and may be punished by fine or imprisonment (ASCA 46.4607)

I (we) certify that all of the statements made in this application are true, complete and correct to the best of my (our) knowledge and belief. (All principals listed above must sign below.)

Signature of Applicant (s) and/or Principals (s)

Date

_____	_____
_____	_____
_____	_____
_____	_____

AMERICAN SAMOA GOVERNMENT
APPLICATION FOR BUSINESS LICENSE
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Date _____

Name of Business (d.b.a) _____

For Government Use Only

NOTE: Any ASG agencies reviewing this application should sign and indicate their approval, denial or non-applicability (N/A). Upon completion, the applicant should present all documents to the Revenue Branch for final review.

Route to:

Special Licensing Authority: _____

Name _____

Approved: _____ Declined _____
Date _____ Condition _____
(Refer to next page for the various Special Licensing Authorities.)

Department of Commerce Office – for Zoning requirements

Approved: _____ Declined _____
Date _____ Condition _____

Building Branch, PWD – for Structure and Location

Approved: _____ Declined _____
Date _____ Condition _____

Public Health – for Sanitary & Health requirements

Approved: _____ Declined _____
Date _____ Condition _____

Workmen’s Compensation – Coverage for Employees

Approved: _____ Declined _____
Date _____ Condition _____

Tax Office – for Income Tax

Approved: _____ Declined _____
Date _____ Condition _____

Credit & Collection Branch – for Accounts Receivable

Approved: _____ Declined _____
Date _____ Condition _____

Territorial Planning Commission

Approved: _____ Declined _____
Date _____ Condition _____

Comment: TPC approval does not necessarily confer residency status or eligibility upon the applicant (S).

Immigration Board – for Eligibility and Residency Status

Approved: _____ Declined _____
Date _____ Condition _____

Governor’s Office – for Approval

Approved: _____ Declined _____
Date _____ Condition _____