

**BUSINESS LICENSE RENEWAL APPLICATION
AMERICAN SAMOA GOVERNMENT
DEPARTMENT OF COMMERCE**

ASG FORM ADMIN-8
(REVISED 1997)

TYPE OR PRINT LEGIBLY For Calendar Year _____
Date _____

1. Name of Applicant (Individuals, Partners, or Corporation):

2. Mailing Address: _____
(Village or P.O. Box No.) (City) (State) (Zip Code)
3. DBA Name (i.e., Your Business Name): _____
4. Type of Ownership (Check one) Sole Proprietorship Partnership Local Corporation Foreign Corp.
5. Location of Business: Village _____ County _____
6. Business Classifications/Description of activities: _____

7. Telephone Number _____
(Home) (Business)
8. Number of Employees (including yourself): Full Time _____ Part Time _____
Family/relatives members _____ (only those who will be working for this Particular business)
9. If any of the business owners, partners, or shareholders have changed, please indicate the names of
The names of the former and new owners, partners, or shareholders and the relative ownership
interests of each:

PLEASE READ THE FOLLOWING WARNING CAREFULLY:

A false statement on this application is grounds for revocation of your license and is punishable by a fine or not more than \$500 or imprisonment of not more than 6 months, or both (ASCA 46.4607). Any license who fails to renew his/her license on or before January 30 is required to discontinue business operations or be subject to prosecution (ASCA 27.0211 (B) and 27.0219).

APPLICANT(S) AFFIDAVIT

I (we) swear, that I (we) the applicant(s) have continued to comply with all of the prerequisites and have qualifications required by law and by the administrative rules and regulations which were certified by the proper departments when the original business license application was filed. I (we) also certify that this application is for the renewal of a business license issued for the same business in the previous year and that there have been no changes in the (1) business ownership, partnership or partnership interest or corporate shareholdings, (2) scope or nature of the business activities conducted, or (3) location of the business premises unless note above. I (we) further understand that if I make a false statement in this application my action is punishable as a Class B Misdemeanor.

10. Signature and Title of Applicant(s) and/or Principal (s):

Signature	Title	Social Security Number	Date
Signature	Title	Social Security Number	Date
Signature	Title	Social Security Number	Date
Signature	Title	Social Security Number	Date

Subscribed and sworn to by _____ Subscribed and sworn to by _____
Before me on this _____ day of _____, 20____ before me on this _____ day of _____, 20____
At _____ at _____

Notary Public My commission expires _____	Notary Public My commission expires _____
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FOR AMERICAN SAMOA GOVERNMENT USE ONLY

DEPARTMENT OF COMMERCE

File No: _____ SIC _____
This application has been reviewed by the ASG Department of Commerce and found to be complete.
Date _____
Signature of Director _____ Month _____ Day _____ Year _____

Department of Treasury, Revenue Branch:

Fee \$ _____ Receipt No. _____ License No. _____ Teller _____ Date Issued _____
Tax Office: Each applicant has has not filed a tax return reflection income from this business enterprise for its most recent tax year.