



Republic of Palau
Makit Registration/Business License Application
TYPE OR PRINT AND CHECK APPROPRIATE BOXES

1	Applicant Name:		
2	Tax Identification Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3	Doing Business As (<i>dba</i>)		
4.	Primary Physical Address	Building/land, Village:	
		Hamlet:	
	State:		Brief Description:
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease (<i>attach rent/lease agreement/contract</i>) Agreement Expiration Date: _____	
	Primary Mailing Address		
5.	Business Contact Information:	Business #:	
		Cell #:	
		Fax #:	
6.	Type of Makit Activity: (<i>Select all that applies</i>)	<input type="checkbox"/> Agricultural Activities	<input type="checkbox"/> Growing of livestock
		<input type="checkbox"/> Aquaculture activities	<input type="checkbox"/> Fishing activities
		<input type="checkbox"/> Selling packaged Foods (bento)	<input type="checkbox"/> Handicrafts
		<input type="checkbox"/> Others: _____	
7.	Selling location(s): (<i>Select all that applies</i>)	<input type="checkbox"/> PVA Night Market	<input type="checkbox"/> Ernguul Market
		<input type="checkbox"/> Restaurant (Including those located within a hotel)	
		<input type="checkbox"/> Community/State Makit Site	<input type="checkbox"/> Retail Store
		<input type="checkbox"/> By Order (Input Main Type of Vendor(s)): _____	

		<input type="checkbox"/> Others: _____			
8.	Short Description (Please provide a short summary of your makit activity):				
9.	Food Handler Permit No.:				
10.	Do you receive any retirement benefit? (<i>Select all that applies</i>)	<input type="checkbox"/> Social Security	<input type="checkbox"/> Palau Pension Plan		
		<input type="checkbox"/> Others: _____			
11.	Tax Type & Effective Date	Wages & Salary:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	Date:
			<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Gross Revenue		Date:	
12.	Expected Annual Gross Revenue:				
13.	Business Start Date				

DECLARATION:

I HEREBY DECLARE THAT ALL OF THE INFORMATION PROVIDED IN THIS FORM INCLUDING ANY SUBMITTED ATTACHMENTS ARE TRUE AND CORRECT.

_____	_____	_____
PRINT NAME (APPLICANT)	SIGNATURE	DATE

FOR BRT USE ONLY			FOR SSA CLEARANCE	
Date Received	Received & Verified By	Business ID	EIN	STAMP HERE