



Commonwealth of the Northern Mariana Islands
 DEPARTMENT OF PUBLIC LANDS
 P.O. Box 500380, Saipan, MP 96950
 Tel: (670) 234-3751/3752/3753 Fax: (670) 234-3755
 e-mail: dpl@dpl.gov.mp



APPLICATION FOR TEMPORARY USE OF PUBLIC LAND

Name of Company/Applicant: <input type="checkbox"/> CORPORATION OR NON-PROFIT Organization <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Company By-Laws <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Latest Annual Business Report <input checked="" type="checkbox"/> Notarized Board Resolution (Company Authorized Signatory) <input type="checkbox"/> PARTNERSHIP <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Partnership Agreement <input type="checkbox"/> SOLE PROPRIETOR <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input type="checkbox"/> GOVERNMENT (documents waived) <input type="checkbox"/> PERSONAL/INDIVIDUAL	Name of Authorized Signatory and Title: Mailing Address: Contact Information: Tel.: _____ Fax: _____ Cell/Pager: _____ Email Address: _____ Proposed Use of the Public Land: <input type="checkbox"/> Roadside Vendor <input type="checkbox"/> Beachside Concession <input type="checkbox"/> Vehicular Parking <input type="checkbox"/> Maintenance (R or C) <input type="checkbox"/> Signboard/Banner <input type="checkbox"/> Agricultural Grazing/Farming <input type="checkbox"/> Encroachment (R or C) <input type="checkbox"/> Other (Please specify)
Term of Use: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily	Location(s): Please attach a sketch of location(s):
Specify Dates:	
Please specify the type of operation to be conducted on public land requested:	
Type of materials to be used and nature of set-up (use additional sheets if necessary).	
<i>Be advised that the applicant must also obtain permits/authorizations from Zoning Office, Department of Public Works, Commonwealth Utilities Corporation, Department of Public Safety and/or other CNMI/Federal regulatory agencies for your proposed use of public land situated within a public right-of-way. For uses on all other public lands, applicant must obtain permits/authorizations from Zoning and/or other CNMI/Federal regulatory agencies. Additionally, a fee will be charged for use of public land. For more information regarding the fee amount(s), please contact the DPL's Real Estate Division.</i>	
I certify under penalty of perjury that all the answers and statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith.	
_____ Signature of Applicant	_____ Date

FOR DPL USE ONLY		
Date RED Received: _____	Remarks: _____	Date DPL Received:
Reference No.: _____	_____	
Logged By: _____	_____	
Assigned to: _____	_____	
RED Staff	Director, RED	Date
<input type="checkbox"/> Agreement Issued <input type="checkbox"/> Agreement Denied <input type="checkbox"/> Request Cancelled Date: _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit		
Documents Submitted: <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> CRM Permit Business <input type="checkbox"/> License <input type="checkbox"/> Company By-Laws <input type="checkbox"/> Latest Annual Business Report <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Zoning Office Permit <input type="checkbox"/> Board Resolution for Authorized Signatory		
Other(s): _____		