



Bureau of Revenue and Taxation

TAX - 001

P.O. Box 6069, Koror, Palau 96940
 Tel: (680) 488-2465/2580 Fax: (680) 488-3844

APPLICATION/REGISTRATION FOR LICENSE TYPE OR PRINT CLEARLY

1	Applicant's Name		
2	Type of Ownership <i>(Check appropriate box)</i>	<input type="checkbox"/> Sole Proprietor <i>(present a valid identification)</i>	
		<input type="checkbox"/> Partnership <i>(attach copy of agreement)</i>	
		<input type="checkbox"/> Corporation <i>(attach charter, by-laws, articles of incorporation)</i>	
		FIAC #	Expiration Date:
3	Type of License: <i>(Check appropriate box)</i>	<input type="checkbox"/> Wholesaler \$ 300	<input type="checkbox"/> Massage Parlor \$ 500
		<input type="checkbox"/> Profession \$ 300	<input type="checkbox"/> Solicitor \$ 600
		<input type="checkbox"/> Importer \$ 200	<input type="checkbox"/> Peddler <i>(per day)</i> \$ 20
		<input type="checkbox"/> Tax Free Zone \$ 100	<input type="checkbox"/> Other, General: \$ 50
		<input type="checkbox"/> Non-Profit Organization (NGO's): <i>(Upon renewal)</i> \$ 50	
		Total Due..... \$	
4	Doing Business As (dba)		
5	Business Location <i>(Exact Location, Hamlet & State)</i>	<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <i>(attach rent/lease agreement/contract)</i>	
6	Mailing address <i>P.O. Box #, City, State and Zip Code</i>		
7	Telephone number	Bus. Tel:	Home:
8	Fax #; Other Contact #	Fax Number:	Mobile #
9	E-mail address		
10	Person to Contact		
11	Title of contact person		
12	Business Activity		
13	Tax Type <i>(Check appropriate box)</i>	<input type="checkbox"/> Wages/Salary Tax: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly	
		<input type="checkbox"/> Monthly _____	
		<input type="checkbox"/> Gross Revenue Tax _____	
		<input type="checkbox"/> Financial Institution Tax _____	
		<input type="checkbox"/> Hotel & Vessel Cabin Tax _____	
<input type="checkbox"/> Amusement Device _____ <input type="checkbox"/> Remittance _____			
<input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt _____			

DECLARATION: I hereby authorize BRT to verify the information provided herein. I understand that any false and fraudulent information will delay or cause denial of my business application and that I/My business will be subject to such penalty as provided under the law. I also understand that my business may be de-registered for any failure to comply with the Tax laws or regulations of the Republic.

PRINT NAME	SIGNATURE	DATE
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FOR OFFICE USE ONLY				
Date Rec'd	Amount Paid	Receipt#	Rec'd By	Tax Identification No.

INSTRUCTIONS

1. *Applicant's Name: Name of a Person, Partnership, Corporation or Association who will conduct business activities in the Republic.*

2. *Type of Ownership: The person submitting the application must show valid Proof of Identification (Passport/Driver's License/ID Card)*
 - *Sole Proprietor - Name of the Person applying for a business license.*
 1. *A non-citizen applicant must submit a copy of FIAC permit.*
 - *Corporations, Partnerships or Associations must be locally owned and a copy of corporation charter or partnership agreement must be submitted along with the application.*
 - *Non-citizen corporations, Associations or Partnerships must submit, along with the application, a copy of a foreign investment approval certificate issued by the Foreign Investment Board granting the right to do business in the Republic.*

3. *Type of License: Check mark the appropriate license type applying for.*
 - *Non-Profit Organizations (NGO's), a \$50 registration fee shall be due upon renewal. No fee is imposed on new applications.*

4. *Doing Business As (DBA): Name of the new business.*

5. *Business Location: Exact location of the new business. If the business is renting land/space or any property where the business will be conducted, a copy of the rental/lease agreement must be provided with the new business application.*

6. *Mailing address: Enter Post Office Box #, City & State, Zip Code.*

7. *Telephone #s: Enter Home & Business Telephone Numbers.*

8. *Fax; Other Contact #: Enter Fax #; Mobile # or Other alternate contact #.*

9. *Email address: Enter email address.*

10. *Person to Contact: Enter name of the Contact Person (Provide copy of ID)*

11. *Title of Contact Person: Enter the Job Title of the contact person.*

12. *Business Activity: Enter the commercial activity to be conducted.*

13. *Check the appropriate Tax: Check mark appropriate tax and the expected due date on the space provided*