



Republic of the Marshall Islands Foreign Investment Business License Application

Application Type:

- New Application Renewal of Application
 Amendment of Application

Date : _____

Submitted by : _____

ADMINISTRATIVE DETAILS

(1) Name of the Proposed Business:

(2) Business Description and Intended Location/Island:

(3) Address of Principal Office at which the Proposed Business is to be Conducted:

City: _____ State: _____ Phone: _____ E-mail: _____

(4) Person to be contacted regarding this application *(for statistical purposes only)*:

Citizenship: _____ Address: _____ Phone: _____ E-mail: _____

(5) Will contact person be available for interview regarding this application? Yes No *(If no, the local agent will be responsible for representing application in interview)*

(6) Name of local Agent in RMI:

Address: _____ Phone: _____ E-mail: _____

BUSINESS SCOPE AND FINANCIAL DETAILS

(7) The nature of the proposed business and the product or service to be provided in sufficient detail to present a clear description of the proposed activity:

(8) Proposed total capital investment in the RMI at the end of the first twelve (12) months? *Check one*

- Between 10,001 to 499,999
 Between 500,000 to 1,000,0000
 US\$1,000,000 or more
 Other, specify amount: _____

LABOR AND EMPLOYMENT

(9) The number of persons to be employed according to skills

Type of Skill	Foreign	Local
Management		
Skilled		
Unskilled	N/A**	

*Total number of Employees

** In the first year of commencement and subsequent years, Employers must maintain a workforce of which at least 50% is comprised of Marshallese citizens

***Unskilled worker is reserved for local hires only

BUSINESS LOCATION AND LEASEHOLD

(10) Land expected to be leased? Yes No

The location of the proposed business and whether land is expected to be leased:

BUSINESS ESTABLISHMENT AND COMMENCEMENT OF OPERATIONS

(11) The date on which it is proposed to commence establishment of business in the Marshall Islands.

TYPE OF BUSINESS

(12) Form of Business: *(Check one only)*

- Sole Proprietorship Corporation LLC Partnership Association

(13) Nature of Business: *(Check all that apply)*

- Domestic/Local Foreign Profit Non-Profit



APPLICANT DECLARATION & SIGNATURE

(24) Declaration: *I, hereby declare that I filled, examined and filed this document and that it, including any accompanying schedules and statements, was to the best of my knowledge and belief true, correct, and complete.*

Printed Name:	Signature:	Title:	Date:
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FOR OFFICIAL USE ONLY

SIGNATORIES

Date:	Secretary of Finance	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	FIBL:
			Issuance Date:
			Expiration Date:
Date:	Registrar, Resident/Domestic Corporations	<input type="checkbox"/> Endorsed <input type="checkbox"/> Denied	Charter:
			Issuance Date:
			Expiration Date:
Date:	MISSA Representative	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	EIN:
			Issuance Date:
			Expiration Date:
Date:	Director of Labor	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Work Permit:
			Issuance Date:
			Expiration Date:
Date:	Director of Immigration	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Business Visa:
			Issuance Date:
			Expiration Date: