



# Division of Revenue and Taxation

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

TAX - 001

## APPLICATION FOR A BUSINESS LICENSE

TYPE OR PRINT CLEARLY (See Back for more Instructions)

1	Applicant's Name				
2	Type of Ownership <i>(Place mark on appropriate box)</i>	<input type="checkbox"/> Sole Proprietor			
		<input type="checkbox"/> Partnership <i>(attach copy of agreement)</i>			
		<input type="checkbox"/> Corporation <i>(attach charter, by-laws, FIAC, articles)</i>			
		<input type="checkbox"/> Other <i>(please specify):</i>			
3	Type of License <i>(Place mark on 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"/> Other (Specify):		\$ 50	
		Total Due.....			
4	Business Name ( dba )				
5	Business Location <i>(Exact Location, Hamlet &amp; State) provide copy of lease agreement if you are renting or leasing space</i>				
6	Mailing address				
	<i>P.O. Box #, City, State &amp; Zip Code</i>				
7	Telephone number	Bus. Tel:	Home:		
8	Fax number		Mobile:		
9	E-mail address				
10	Person to Contact				
11	Title of contact person				
12	Business Activity	Description			
13	Payroll period	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly
14	Indicate type of tax you will be liable to pay and <i>(Write effective date)</i>	A. Gross Revenue Tax _____		C. Hotel Tax _____	
		B. Wages/Salary Tax _____		D. Vessel Tax _____	

I hereby give the Tax Office the authority to verify all the information provided herein. I understand that any false or fraudulent information given may delay or may cause denial of my application for a business license and may subject me and/or my business to such penalty as may be provided under 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ Title \_\_\_\_\_

FOR OFFICE USE ONLY						
Date Rec'd	Amount Paid	Receipt #	Rec'd By	Date Processed	TIN #	Transmittal #