



**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  
 Email: [dpl@dpl.gov.mp](mailto:dpl@dpl.gov.mp)

## TEMPORARY OCCUPANCY AGREEMENT RENEWAL FORM

<b>Name of Company/Applicant</b>		<b>Name of Authorized Signatory and Title</b>	
<b>Mailing Address</b>		<b>Existing Permit/Agreement Information</b> TP/TOA No. _____ Lot No. _____	
<b>Contact Information</b> Tel.: _____ Fax: _____ Cell: _____ Email: _____		<b>Existing Use of the Public Land</b> <input type="checkbox"/> Agricultural/Grazing <input type="checkbox"/> Roadside Vendor <input type="checkbox"/> Beachside Concession <input type="checkbox"/> Signboard/Banner <input type="checkbox"/> Encroachment <input type="checkbox"/> Staging <input type="checkbox"/> Maintenance <input type="checkbox"/> Vehicular Parking <input type="checkbox"/> Quarry <input type="checkbox"/> Telecommunications <input type="checkbox"/> Others ( <i>Please Specify</i> ): _____	
<b>CORPORATION OR NON-PROFIT ORGANIZATION</b> <b>Please Submit:</b> <input checked="" type="checkbox"/> <del>X</del> Business License <input checked="" type="checkbox"/> Latest Annual Business Report <input checked="" type="checkbox"/> Board Resolution (Company Authorized Signatory as needed) <input checked="" type="checkbox"/> <del>X</del> Liability Insurance		<b>PARTNERSHIP</b> <b>Please Submit:</b> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Latest Annual Business Report <input checked="" type="checkbox"/> Valid Liability Insurance	
<b>LIMITED LIABILITY COMPANY</b> <b>Please Submit:</b> <input checked="" type="checkbox"/> <del>X</del> Business License <input checked="" type="checkbox"/> Latest Annual Business Report <input checked="" type="checkbox"/> Board Resolution (Company Authorized Signatory if applicable) <input checked="" type="checkbox"/> <del>X</del> Liability Insurance		<b>SOLE PROPRIETOR</b> <b>Please Submit:</b> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Valid Liability Insurance	
<b>Terms of Use</b> Annually      Monthly      Weekly      Daily		<b>Location (s): Please attach a sketch of location (s):</b>	
<b>Signature of Applicant</b>		<b>Date</b>	
<b>FOR DPL USE ONLY</b>			
Date CD Received: _____		Remarks: _____	
Reference No.: _____		<b>STAMP</b> <b>DATE OF RECEIPT</b>	
Logged By: _____			
Assigned To: _____			
CD Staff	Director, CD	Date	
Date forwarded to RED: _____		Received by: _____	
Agreement Issued	Agreement Denied	Request Cancelled	Date: _____
<b>Documents/Renewal Requirements Submitted:</b>			
Business License	Payment Receipt	CNMI Regulatory Agency Permits	
Latest Annual Business Report	Financial Statements	Other(s): _____	
Liability Insurance Policy	BGRs		
CRM Permit	Board Resolution for Authorized Signatory/Execution of Agreement		

