



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

Bureau of Environmental Health



Inspection Request Form

File # : _____

Control # : _____

Section A:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Pre-Operation | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Complaint |
| <input type="checkbox"/> Change of Establishment Name | <input type="checkbox"/> Change of Business Location | <input type="checkbox"/> Change of Management | <input type="checkbox"/> Re-inspection/ Follow-up |

Section B:

1. Name of Dba: _____
2. Name of Corporation / Company _____
3. Type of Business: _____
4. Business Tel #: _____ Fax #: _____ Email: _____
5. Location : _____ *Please provide map of establishment*

Street Name/ Village
6. No. of Employees: _____ Seating Capacity: _____ Sanitary Permit # _____
6. Name of Person-in-Charge (PIC) : _____ Contact # _____

Name & Title
7. Name of Agent : _____ Contact # _____
8. Signature of applicant: _____ Date : _____

Section C:

**** Requirements for Sanitary Permit. MUST SUBMIT ALL REQUIRED DOCUMENTATION PRIOR TO OBTAINING PERMIT**

1. Department of Commerce; Valid Business License (**provide copy**)
2. Department of Public Works; up-dated and valid Building Occupancy Certificate (**provide copy**)
3. Listing of Employees (Name & Title): for all workers handling, preparing, cooking and transporting food/drink.
4. Location/Map of establishment (**provide on separate sheet**)
5. Floor plan of proposed establishment/ kitchen layout (**provide on separate sheet**)
6. Medical Licensing Board Certifications (**Medical or Clinic Centers**)
7. Delivery Vehicles (**Valid Driver's License, Food Handler Certificate, Car Insurance & Registration**)
8. Contract with certified pest control company. (**provide copy**)

Section D: Official BEH Administrative/Inspection Notation

Accepting BEH Personnel: _____ Date : _____

Administrative Notes: _____

Business License # _____ Exp. Date: _____
 DPW- CO # _____ Exp. Date: _____

For more information, please contact your local BEH office at the numbers listed below or email john.tagabuel@dph.gov.mp

●Saipan
 Tel: (670) 664-4870/2/3
 Fax: (670) 664-4871

●Tinian
 (670) 664-433-9263
 (670) 433-9243

●Rota
 (670) 532-9461/2/3
 (670) 532-0955

Requirements for Processing Sanitary Permit

1. Applicants have up to 10 days from inspection date to submit payment and process Sanitary Permit.
2. Payment of Sanitary Permit: Application must be accompanied by the most recent inspection report and be presented to the Bureau of Environmental Health (BEH) Office who will assess the fee for the Sanitary Permit(s) Application.
3. Late Fee: A penalty of 50% (half-price) plus cost of the permit for the 1st month (after 10 days' grace period); subsequent months will be full price of permit per month.

Acknowledging the above statement:

Print Name

Signature

Date

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