



Nutrition Assistance Program
Department of Community & Cultural Affairs
Commonwealth of the Northern Mariana Islands
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• Administration • Certification Unit • Issuance & Accountability Unit • Management Evaluation Unit • Retail & Redemption Unit

NAP RETAILER AUTHORIZATION REQUIREMENT GUIDELINE

1. DOCUMENTATION REQUIREMENT:

- a. Completed NAP Retailer Application form;
- b. Copy of current Business Gross Revenue Tax (_____), Schedule of Gross Income by Activity and Receipt of Payment;
- c. Copy of current Business License;
- d. Copy of current Sanitary Permit;
- e. Current Store Inventory listing of all Food & Non-Food Items
- f. Copies of local purchases invoices (_____);
- g. Copy of two (2) valid photo ID's (Ex: Driver's License, Passport or Business Permit);
- h. Completed Workforce Participation Requirement form;
- i. Employer's Quarterly Withholding Return Tax (_____), Listing of employees covered on Quarterly Withholding and Receipt of Payment;
- j. If a Corporation, need copy of Corporate Documents (Annual Report, Bi-Laws, Articles);
- k. Map of location of establishment.

2. ELIGIBILITY DETERMINATION:

- a. Minimum Income of \$100,000 Yearly or \$25,000 Quarterly; (For retail outlets selling a significant amount of local fish, local agricultural commodities or local bakery products are exempt from this requirement);
- b. Must purchase at least 10% Local Food Products from gross sales;
- c. 50% of firm's inventories must be eligible commodities;
- d. Current food sales must be 50% or more from gross sales; and
- e. Must be in full operation for at least ninety (90) days or must have filed BGRT with Revenue & Taxation Office, which ever comes first, for newly established retail stores.

3. APPROVAL:

- a. DCCA shall deny or approve Authorization or request more information within thirty (30) calendar days of receipt of the Retailer Application;
- b. A \$25.00 retailer's fee will be assessed for each approved application;
- c. Upon approval, NAP will issue a Retailer Authorization Card showing name of retail firm, Food Stamp Authorization Number (FS No.), location, maturity date and expiration of Authorization term;
- d. Signing of Agreement for NAP Retailer Coupon Transaction (Contract Agreement);
- e. Must maintain only one account with any local bank accepting NAP Coupon deposits;
- f. One-on-one Retailer Orientation and issuance of related NAP Office materials.

4. REPORTING REQUIREMENT:

- a. Monthly Survey Local Produce Purchases, Local Fish and Local Bakery Products (due every 15th of the month);
- b. Quarterly Food Sales Report, copy of BGRT, Schedule of Gross Income by Activity and Receipt of Payment (due every quarter);
- c. Copy of Employer's Qtrly With Holding Tax Return, Receipt of Payment & Complete and submit the Workforce Participaiton Requirement form (due every quarter); and
- d. Submit copy of current business license and sanitary permit within sixty (60) days from expiration date.