



Alcoholic Beverage License Renewal Form

-----For Official Use Only-----

Required:

- 1. Business License
- 2. Sanitary Permit
- 3. A copy of valid "Identification Document" for all licensee(s)
- 4. Modification/Updates to any files on record

Payment:

ABL Number: _____ Class: _____ Kind/Type: _____ Fee: \$ _____

Date Recorded: _____ Official Receipt Number: _____ Amount: \$ _____

Check Date: _____ Payer: _____ Bank _____ Check Number: _____

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Licensee must answer all questions fully and accurately. If a question does not apply type or print "N/A"

- 1. Applicant/License Issued to: _____
- 2. Doing Business As (DBA)/Trade Name: _____
- 3. Business Organization: Sole Partnership Corporation LLC LLP Club Other _____
- 4. Location: Lot & Block Number: _____
- 5. Mailing Address: _____
- 6. Licensee's Contact Information: Business: _____ Home: _____
Mobile: _____ Email: _____
- 7. Is the name of applicant of the Real Party Interest? Yes No
- 8. Are all Business Licenses in the name of Real Party Interest? Yes No
If "no", indicate the name of person(s) that is/are the Real Party in interest below;

Notary **MUST** be used if applicant cannot physically be present upon submitting the application.
(Example: If applicant is off-island or if an application is being submitted by a processor.)

If applicant is for **Sole, Partnership, Corporation, LLC, LLP, Club, or Other**, Sign the following oath:

_____, being first duly sworn according to the law, depose and say that I am the
(Name of Official)

_____ of the _____
(Official Title) Sole, Partnership, Corporation, LLC, LLP, Clubs, Other
(Doing Business As (DBA))

Duly organized and authorized by law to do business in/or Guam, that said above is the owner of the business mentioned in the foregoing renewal application, required documents submit here with and the statements and answers made therein are true and correct.

Owner's Signature: _____

Processor's Signature: _____

State of _____,

County of _____ ss.

Subscribed and sworn before me on _____ (Day) of _____ (Month), 20____ (Year).



(Notary)