



## Compliance Branch - Alcoholic Beverage Control (ABC)

# Alcoholic Beverage Wholesale License Processing Procedures

### I. Requirements:

1. Alcoholic Beverage Wholesale License Application
2. Article of Corporation, Articles of Organization, By-laws, Operating Agreement and Minutes
3. Partnership Agreement (If Partnership)
4. Personal History Form for each member of the Corporation, LLP, LLC, Partnership or Sole Proprietor
5. Police Clearance for each member of the Corporation, LLP, LLC, Partnership or Sole Proprietor
6. Copy of I.D. for each member (Government issued Identification Card, Driver's License or Passport)
7. Copy of Lease Agreement (Must be notarized, if leased) / Title or Deed (If owned)

- NOTE:**
- a) All Corporate Members, LLP, LLC, Partners or Sole Proprietor's must be twenty-one years of age. (Section 11GCA §3303)
  - b) No Corporate Members, LLP, LLC, Partners or Sole Proprietor shall have a charge or court case pending when applying.
  - c) Must provide our office with copies on the above documents required or you will be charged a fee of one (1) dollar per copy.

### II. Payment:

1. Payment must be made prior to processing the application. (Checks must be made payable to the Treasurer of Guam)
2. Depending on the Class of Alcoholic Beverage License the applicant is applying for and quarter of the year the amount may be prorated. (*Refer to page 1 of the ABL Application*)

### III. Clearance: (Upon payment of the application)

1. Every applicant must have clearance documents acknowledge from the following (11GCA §3314).
  - a) Department of Land Management (Located at the ITC Building 3rd floor, Tamuning)
  - b) Department of Public Health & Social Services (Located at Permit Center, DPW, Tamuning)
  - c) Mayor's Office (Must be actual location where establishment is located)
  - d) Publication Notice (General Circulation) must advertise for three (3) consecutive days. On/after the third day of publication the applicant must submit the Certification of Publication (11GCA §3315)

**NOTE:** Prepare the NOTICE to the Attorney General.

### IV. Transfers:

1. Person(s) / (Death of Spouse) \$25.00 fee. Must comply with the above requirements (I to IV) (11GCA §3310(1)).
2. Present location to another \$25.00 fee plus in addition to prorated charge. Must comply with the above requirements (I to IV) (11GCA §3310 (b))

### V. Alcoholic Beverage Control Board (ABC) Meetings:

The Alcoholic Beverage Control Board conducts a meeting every third (3rd) Wednesday of each month. Meeting dates may change if it falls on a holiday or change by the Board.

### VI. Other Information:

1. For information on Alcoholic Beverage License, Amusement Devices, Recreational Facilities, Shooting Galleries, Golf Courses & Driving Range and Bowling Alleys, please contact the Compliance Branch at (671) 635-1802/06.
2. For information on establishing a Corporation, LLP, LLC, Partnership, Sole Proprietor or applying for Business License, please contact the General Licensing and Registration Branch at 635-1721/1828/1829 or the Business License and Permit Center (Open: Monday - Friday, 8:00am-12:00pm and 1:00pm-5:00pm) at (671) 646-3102.



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'hága

JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

DAFNE MANSAPIT-SHIMIZU, Director

Direktot

MARIE P. LIZAMA, Deputy Director

Sigundo Direktot

REVISED: 2023.02

## APPLICATION FOR ALCOHOLIC BEVERAGE WHOLESALE LICENSE

This application cannot be accepted, unless it is filed by the present licensee, (THE REAL PARTY IN INTEREST) at the same location for which the license is presently in effect.

CONTINUATION: as used herein means the continuation of the present license of the same class, to continue operation at the same location for which the license is presently in effect.

EXPIRATION: If the license fee is not paid on or before the 30th day of June of each year, the license is automatically suspended, however it may be reinstated by the ABC Board within thirty-one (31) days after June 30 upon payment of licensing fee. Unless the license is reinstated, it is automatically revoked thirty-one (31) days after June 30th and the ABC Board shall not issue a license except upon original application (11GCA 3209. Same Expiration Date (b)(c)).

## ALCOHOLIC BEVERAGE WHOLESALE LICENSE

Applying For Class

Standard Fee  
July to Sept

Prorated Fees  
Oct to Dec Jan to Jun

Wholesaler

\$1,000.00

\$750.00

\$500.00

Name of Applicant: \_\_\_\_\_

Business Organization:

☐

Individual

☐

Partnership

☐

Corporation

☐

Club

☐

Association

☐

Other: \_\_\_\_\_

Doing Business as (DBA) or Trade Name: \_\_\_\_\_

All new applicants of an Alcoholic Beverage Wholesale License must provide the following information before submission to the Department of Revenue and Taxation's Compliance Branch (ABC):

Employee Identification No.: \_\_\_\_\_ Gross Receipts Tax No.: \_\_\_\_\_

Stamp Endorsement by the DRT's Business Privilege Tax Branch (GRT):

GRT STAMP

Acceptable forms of payment: Cash, card or check. Make checks payable to the **TREASURER OF GUAM**.

**DO NOT COMPLETE THIS PORTION - FOR ABC OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Bank|Check No.: \_\_\_\_\_

Amount Received: \_\_\_\_\_

General Fund Account Number: 563-01 (If other Revenue account is used, specify): \_\_\_\_\_

**1. Contact Information:**

Home Phone No.: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Mailing Address of Applicant: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Mailing Address of Applicant: \_\_\_\_\_

**2. Please indicate the location of the Business:**

a) Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_

Name of Municipality: \_\_\_\_\_

Description of the building on the above lot where the alcoholic beverage sales are to be made.

b) Vicinity Map: *Complete Attachment "B"*

c) Floor Map: *Complete Attachment "C"*

**3. Is the within named applicant the Real Party in interest?** ☐ Yes ☐ No

**4. Are all Business Licenses on the premises in the name of the Real Party in interest?**

☐ Yes ☐ No If No, indicate the name of the person(s) that is (are) the REAL PARTY in interest below.

**5. What type of Business do you operate at this location?** \_\_\_\_\_

**6. Who owns the Real Property that your Business is situated on?**

**7. Who owns the personal property (Business Assets)?**

**8. Are the utilities responsible party listed in the name of the applicant? If not, who is listed as the party responsible for the utility consumption accounts?**

**9. Has the applicant (The Real Party In Interest) incurred any financial liabilities or monetary assistance in paying the license fee?**

Yes No If "Yes", indicate the name of the party the applicant is indebted to and how the liability was incurred.

**10. Did you suspend the operations of the Business at anytime the past years?**

Yes No If "Yes", please explain/ Use supplemental sheets for additional response if necessary.

**11. Has a license issued by the ABC Board to you or to any employee, partner, officer, director, trustee, stockholder or any other person directly or indirectly interested in this business ever been revoked?**

Yes No If "Yes", please explain. Use supplemental sheets for additional response if necessary.

12. Have you or any employee, partner, officer, director, trustee, stockholder, or any other person directly or indirectly interested in this BUSINESS ever been arrested, charged or convicted for any violation of the Alcoholic Beverage Control ACT or any other prevailing law on Guam or elsewhere (other than minor traffic violations)?

Yes

No

If "Yes", please explain. If additional information is to be provided, please use a supplemental attachment indicating that it is a response for items provided, please use a supplemental attachment indicating that it is a response for item number 15.

14. If applicant is a Corporation, LLC, LLP give the names of corporate officials, titles, and occupations of each including the managers: also supply the names of stockholders and the number of aggregate shares held by each.

**CORPORATION OFFICIALS/MANAGER**

Name:	Title:	Occupation:	Signature:
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Note: for the names and numbers of shares on stockholders, attach itemized listing.

15. If applicant is a partner, give the names of the partners and list the interest of each partner.

Name:	Interest of Business:	Signature:
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If additional space is needed, attach supplemental sheet and indicate if the response is for 16 or 17.

**This affidavit is to be signed in the presence of the authorized person administering the oath and on the date attested to for the within instrument.**

Submitted for by an Individual, Partnership, Club or Association sign the following oath:

I/We \_\_\_\_\_

Being first duly sworn, according to the law, depose and say that I/We are the sole true owner(s) of the business mention in the foregoing application and that the statements and answers made therein are true and correct.

**OR**

Submitted for a Corporation, LLC, LLP, Sign the following oath:

\_\_\_\_\_, being first duly sworn according to the law depose and say that I am the

\_\_\_\_\_ of the \_\_\_\_\_, \_\_\_\_\_.

(Official Title)

(Corporation Name)

(DBA)

a corporation, LLP, LLC duly organized and authorized by law to do business in Guam, that said organization is the sole owner of the business mention in the foregoing application, and that the statements and answers made therein are true and correct.

State of

Country of

SS.

**Signed 1:** \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_.



(Notary)

Note: Evidence of Authority to sign on behalf of the corporation, LLP, LLC, Must be Attached.



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## Attachment "A": Personal History

Name:

(Last)

(First)

(Middle / Maiden)

Nicknames/Aliases:

Date of Birth:

Sex:

Marital Status:

Place of Birth:

Phone#:

Guam D.L.#:

SSN:

PP#:

Citizenship: ☐ U.S. ☐ Other: (Specify) \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

How long has applicant resided on Guam? \_\_\_\_\_ If a naturalized citizen, where did naturalization take place: \_\_\_\_\_

Naturalization Document No.: \_\_\_\_\_

List all employers for the past then (10) years, starting with most recent/current. If required, add an addition page to complete employment.

Period

Name of Employer

Employer's Address

1.

2.

3.

4.

5.

Has the applicant ever applied for a liquor license before the ABC Board? ☐ Yes ☐ No *If, Yes, Give Details*

Has the applicant ever held a liquor license anywhere, other than in Guam? ☐ Yes ☐ No *If, Yes, Give Details*

I certify that all statements above made by me and on any sheet attached hereto are true and correct.

\_\_\_\_\_  
(Applicant)

### POLICE CLEARANCE

Police Clearance must accompany application and SHALL NOT EXCEED THIRTY (30) DAYS from issuance. Should the Police Clearance state that the applicant have/has had an infraction, a letter from Supreme Court of Guam Probation Office is required stating that the applicant has had successfully met all requirements.

### NOTARY

Notary must be used if applicant cannot physically be present upon submission of the application. (Example: If applicant is off-Island or if the application is being submitted by a processor.)

State of

Country of \_\_\_\_\_ SS.

Subscribed and sworn before me on \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Stamp

\_\_\_\_\_  
(Notary)



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## Attachment "B": Vicinity Map

Please show landmarks, street names, nearby buildings and businesses and any others significant sites that will assist the our branch in locating your establishment.

Doing Business As (DBA):

Phone No.:

Applicant:

Location:



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## Attachment "C": Floor Plan

In lieu of this floor plan, a formal construction floor plan may be submitted provided all applicable equipment, rooms, furnitures, appliances, ect., are shown and labeled. Provide the dimensions of the building where the alcoholic beverage sales will be confined and restricted to upon the issuance of a ABC Board sanctioned license.

Doing Business As (DBA):

Applicant:

It is hereby declared that the above attached illustrations and responses for items are true and correct reflections of the (proposed) alcoholic beverage consumption area, the access entrances are/or exits, and boundaries of this application for the ABC License. This declaration/certification is made by the undersigned applicant under the penalty of perjury. The undersigned applicant furtuer declares that he/she has set his or her hand and executed his/her signature on the within

### Compliance Use Only

Inspected On:

Certified Corrected By:

Signature of Applicant

Date: