



DEPARTMENT OF
REVENUE AND TAXATION
GOVERNMENT OF GUAM Gubetnamenton Guahan

DAFNE MANSAPIT-SHIMIZU, Director
Direktot
MARIE P. LIZAMA, Deputy Director Sigundo
Direktot

Revised: 2022.09.13

Application for Temporary Alcohol License

Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"

Required: *Taxpayer Service Division Exemption Application for Specific Event* (For Non-Profits ONLY), *List of Servers* (ABC Card Holders Name, Card Number & Expiration Date) & *Event Floor Plan/Layout*.

Applying for: (Check boxes that apply) [] As a Non-Profit Organization [] Class 7 - On Sale Beer [] Class 10 - General On Sale

Name of Event: _____ Organizations Name: _____

Address: _____

Business or Other License(s) Held: _____ Trade Name or DBA: _____

Number of Years Organization has been active? _____ Is Organization registered with Department of Revenue & Taxation? [] Yes [] No

Organization Officer or Directors:

NAME	TITLE	ADDRESS	NAME	TITLE	ADDRESS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has applicant ever applied for a Temporary License? [] Yes [] No

Has any prior license issued, ever been revoked? [] Yes [] No

Person(s) responsible for propose license area? _____

Location or Site of Proposed Event: _____

Type of structure approximate size of area where sales is to be conducted: _____

Date(s) and time(s) to take effect:

- 1) Date: _____ Start Time: _____ End Time: _____
- 2) Date: _____ Start Time: _____ End Time: _____
- 3) Date: _____ Start Time: _____ End Time: _____
- 4) Date: _____ Start Time: _____ End Time: _____
- 5) Date: _____ Start Time: _____ End Time: _____
- 6) Date: _____ Start Time: _____ End Time: _____

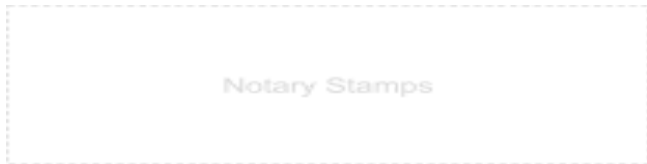
I, _____, state that i am a duly authorized Representative / Director of the Organization and that all statements contained in this application, and any other required attachments hereto, are true and correct and that the Organization has met the requirements stated in Section 3221 11 GCA, and are worthy of the Belief on Oath.

Signature: _____

State of _____
County of _____ SS.

Contact No.: _____

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



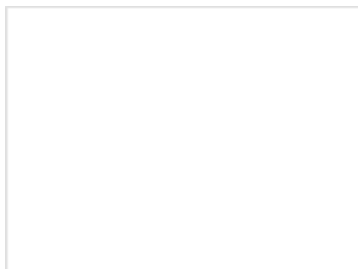
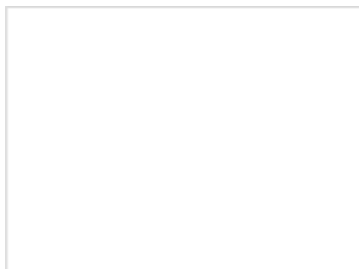
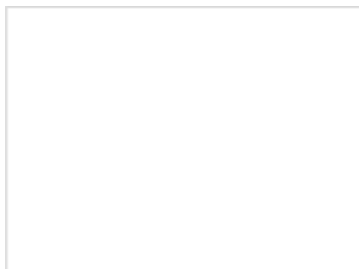
(Notary)

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

[] Approved [] Disapproved By: _____ Date: _____ License No.: _____

Picked up by: _____ Date & Time: _____ Released by: _____

Application Provided: [] Taxpayer Service Division Exemption Application for Specific Event [] List of Servers (ABC Card Holders) [] Floor Plan Event Layout



Business Privilege Tax Stamp

Income Tax Stamp

Collection Stamp

Business License (If a Corporation)