



Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"  
**NOTE:** Police Clearance must accompany application and shall **NOT EXCEED THIRTY (30) DAYS** from issuance.  
Manager/Assistant Manager ABC Card Application **MUST** be notarized before submission.

### Manager/Assistant Manager ABC Card Application

To be completed & notarized by Licensee - Owner.

I, \_\_\_\_\_ hereby apply for registration of \_\_\_\_\_  
(Licensee - Owner) (Applicant - Employee)  
as [ ] (Manager) or [ ] (Assistant Manager) of the Alcoholic Beverage Control facilities known as \_\_\_\_\_  
and located at \_\_\_\_\_ which is covered by Alcoholic Beverage Control License No. \_\_\_\_\_, and caused the  
questionnaire set forth below to be completed. The facts stated herein are true to the best of my knowledge and belief, and I vouch for his/her  
good character accordingly.

Date: \_\_\_\_\_  
State of \_\_\_\_\_, (Signature Licensee or Authorized Agent)

County of \_\_\_\_\_ SS.

Subscribed and sworn before me on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day) (Month) (Year)



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

#### QUESTIONNAIRE

To be completed by Applicant - Employee.

1) Name of Applicant: \_\_\_\_\_ 2) Sex: \_\_\_\_\_ 3) Place of Birth: \_\_\_\_\_

4) Date of Birth: \_\_\_\_\_ 5) Age: \_\_\_\_\_ 6) Phone #: \_\_\_\_\_ 7) C.I. No. or D.L. No.: \_\_\_\_\_

8) S.S. No.: \_\_\_\_\_ 9) Citizenship: \_\_\_\_\_ 10) Nat. No.: \_\_\_\_\_

11) Current Address: \_\_\_\_\_ 12) Number of years as resident of Guam: \_\_\_\_\_

13) Residences for last five (5) years:

- 1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_
- 2) \_\_\_\_\_ 4) \_\_\_\_\_

14) Record of employment past five (5) years. (Start with most recent and give name and address of employer)

- 1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_
- 2) \_\_\_\_\_ 4) \_\_\_\_\_

15) Have you ever been arrested, charged, or convicted for any violation of the Alcoholic Beverage Control Act or any other law, either in Guam or elsewhere, other than minor traffic violations? [ ] Yes: (If "YES", give details) [ ] No

16) Has any prior Alcoholic Beverage Control License issued to you ever been suspended or revoked? [ ] Yes: (If "YES", give details) [ ] No

#### FOR OFFICIAL USE ONLY

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

\_\_\_\_\_  
(Applicant - (signed in the presence of an Inspector)

Sworn to personally before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_

(Administrator of Oath - Inspector)

Action by Alcoholic Beverage Control Board: [ ] Approved [ ] Disapproved

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ (Chairman)