



Special Display and Tasting/Sample Event(s)

Request in accordance with Title 11 Guam Code Annotated Section 3229.

1. Applicant/License Issued to: _____
2. DBA/Trade Name: _____
3. Business Organization: [] Agent [] Off-Sale [] Wholesale
4. Contact Numbers: Business: _____ Home: _____ Mobile: _____
5. Mailing Address: _____
6. Applicant understands that "Tasters" are to remain within the "Event Room": Yes [] No []
7. Applicants understand that beverages are not to be served to *underage attendees*: Yes [] No []
8. Applicant understands sampling requirements: ie; containers/limitations: Yes [] No []
9. Physical Location of Event: Lot & Block No.: _____
10. Date, Times & Sampling: "Sampling event shall not be conducted for more than two (2) consecutive days at a single location per week, nor more than a total of six (6) days at the same location per month;"
 - 1) Date: _____ Start Time: _____ End Time: _____ Sample: _____
 - 2) Date: _____ Start Time: _____ End Time: _____ Sample: _____
 - 3) Date: _____ Start Time: _____ End Time: _____ Sample: _____
 - 4) Date: _____ Start Time: _____ End Time: _____ Sample: _____
 - 5) Date: _____ Start Time: _____ End Time: _____ Sample: _____
 - 6) Date: _____ Start Time: _____ End Time: _____ Sample: _____

Date: _____ (Submitted By: Print and Sign/Title)

If Applicant is for Sole, Partnership, Corporation, LLC, LLP, CLUB, or Other, Sign the following oath:

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

the _____ of the _____
(Official Title) [] Sole, [] Partnership, [] Corporation, [] LLC, [] LLP, [] Club, [] Others
(Doing Business As)

State of _____,
County of _____ SS.

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



(Notary)

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 APPLICATION FOR SPECIAL DISPLAY AND TASTING/SAMPLING EVENT REQUIRED DOCUMENTS SUBMIT HERE.

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

[] Approved [] Disapproved By: _____

Date Rec'd: _____ Official Receipt No: _____ Payer: _____

Check No.: _____ Bank: _____ Date: _____ Amount: \$ _____

ABL Temp No.: _____ Picked Up By: _____