

NOTE: POLICE CLEARANCE MUST ACCOMPANY APPLICATION.

NOT TO EXCEED (30) DAYS.

APPLICATION FOR MANAGERSHIP OR ASSISTANT MANAGERSHIP

I, _____ hereby apply for registration of
(Licensee)

_____ as (Manager) or (Assistant Manager)
(Applicant)

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 good
character accordingly.

Date: _____
Signature Licensee or Authorized Agent

****QUESTIONNAIRE****

To be completed by applicant. Attach and sign additional sheets if needed.

- 1) Name of Applicant: _____
- 2) Phone # _____
- 3) C.I. No. _____ 4) S.S. No. _____
- 5) Date of Birth: _____ 6) Place of Birth: _____
- 7) Age: _____ 8) Citizenship: _____ 9) Nat. No. _____
- 10) Sex: _____ 11) Current Address: _____
- 12) Record of employment past five (5) years. (Start with most recent and give name and address of employer).

13) Residences for last five (5) years:

14) Number of years resident of Guam: _____

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 () NO () (If answer is "YES", give details).

16) Has any prior Alcoholic Beverage Control License issued to you ever been suspended or revoked? YES () NO ()

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

APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20 ____.

NOTARY OR OFFICER

Action by Alcoholic Beverage Control Board:

Date: _____

Chairman