Compliance Branch (ABC)

Alcoholic Beverage License (ABL) Processing Procedures

I. Requirements:

- 1. Applicants(s) must first obtain a validated Business License. (Retail)
- 2. Applicant(s) applying for a Temporary Alcoholic Beverage License (TABL) need not obtain a Business License. However they must submit TABL Application within 30 days prior to the event with clearances from Business Privilege Tax (BPT), Income Tax and Collection Branch.

II. Documents Required:

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	Validated Business License. (Retail)
	2. Alcoholic Beverage License Application. (Deadline Friday 3:00 pm every 1st & 3rd of each month).
	3. Article of Corporation, By-laws and Minutes. (If Corporation, LLP, LLC)
	4. Partnership Agreement (If Partnership)
	5. Personal History Form for each member of the Corporation, LLP, LLC, Partnership or Sole Proprietor.
	Police Clearance must obtain for each member of the Corporation, LLP, LLC, Partnership or Sole Proprietor.
	7. Copy of identification must be submit for Corporation, LLP, LLC, Partnership or Sole Proprietor. (Valid Driver's License, Identification Card or Passport)
	8. Copy of Lease Agreement (Must be notarized, if leased) / Titled or Deed (If owned)
	NOTE: a) All Corporate Members, LLP, LLC, Partners or Sole Proprietor's must be twenty-one years of are. (Section11GCA §3303)
	b) No Corporate Members, LLP, LLC, Partners of Sole Proprietor shall have a charge or court case pending when applying.

III. Payment:

1. Payment must be made prior to processing the application. (Checks must be made payable to the Treasurer of Guam)

7 & 8 or you will be charged a fee of one (1) dollar per copy.

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)

c) Must provide our office a Xerox copies on the above documents required on numbers 1, 3, 4,

(See Back Side)

IV. 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.

V. Transfers:

- 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))

VI. Alcoholic Beverage Control Board (ABC) Meetings:

The Alcoholic Beverage Control Board conducts a meeting every second (2nd) and fourth (4th) Wednesday of each month. Meeting dates may change if it falls on a holiday or change by the Board.

VII. Issuance of Approval/Signed Alcoholic Beverage License:

- 1. All required documents are submitted including the Sanitary Permit.
- 2. To any member of the Corporation, LLP, LLC, Partnership or Sole Proprietor
- 3. When the member of the Corporation, LLP, LLC Partnership or Sole Proprietor is briefed of the Alcoholic Beverage Control Act Rules and Regulations, has signed the Application Check List and ABC License log book, only then will applicant be issued the following documnets: Alcoholic Beverage Control Act Rules and Regulations booklet, List of the Inspectors, Duty Roster/Daily Schedule, Change of Status, Notice of Temporary Absence and Notice to Customers. (Documents may vary due to license Class & Type)

VIII. Other Information:

- For information on Alcoholic Beverage License, Amusement Devices, Recreational Facilities, Shooting Galleries, Golf Courses & Driving Range, Bowling Alleys, likewise Miniature Golf Course & Dance Halls, please contact the Compliance Branch at 635-1802/06 (Located at 1240 16, Barrigada, 96913, Guam).
- 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 646-3102.
- 3. For information on Gross Receipt Tax, please contact the Business Privilege Tax Branch at 635-1835/36.



DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC) 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)).

ABC LICENSING FFFS

Λ.	pplying For Class	Standard Fee		Prorated Fees		
A	pplying For Class	July to Sept	Oct to Dec	Jan to Jun		
<u> </u>	Manufacturer's	\$100.00	\$75.00	\$50.00		
<u> </u>	Agent's	\$250.00	\$187.50	\$125.00		
3.	Wholesaler	\$1,000.00	\$750.00	\$500.00		
4.	Retail "ON" Sale					
	Beer	\$300.00	\$225.00	\$150.00		
	Wine	\$300.00	\$225.00	\$150.00		
	General	\$1,000.00	\$750.00	\$500.00		
5.	Retail "OFF" Sale					
	Beer	\$200.00	\$150.00	\$100.00		
	Wine	\$400.00	\$300.00	\$200.00		
	General	\$1,000.00	\$750.00	\$500.00		
6.	Special Alcohol Spirits	\$25.00	\$18.75	\$12.50		
7.	Temporary Beer	\$100.00	\$100.00	\$100.00		
8.	Public Warehouseman	\$50.00	\$37.50	\$25.00		
9.	Club License	\$500.00	\$375.00	\$250.00		
<u> </u>	Temporary General	\$100.00	\$100.00	\$100.00		
<u> </u>	Microbrewery-Pub Rest	\$1,000.00	\$750.00	\$500.00		
12. Mobile License (General On Sale License)						
	Limousine (per vehicle)	\$750.00	\$562.50	\$375.00		
	Charter Van (10 passenger)	\$500.00	\$375.00	\$250.00		
	Charter Van (more than 10)	\$750.00	\$562.50	\$375.00		
	Buses	\$1,000.00	\$750.00	\$500.00		
13. Alcohol Seller/Server Training Program \$200.00						

The total fee in CERTIFIED OR CASHIERS' CHECK must accompany all applications. Make check 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.	Name of Applicant:
2.	Business Organization:
	☐ Individual ☐ Partnership ☐ Corporation ☐ Club ☐ Association
	Other:
3.	Doing Business as (DBA) or Trade Name:
4.	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:
5.	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
6.	Is the within named applicant the Real Party in interest? Yes No
7.	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.
8.	What type of Business do you operate at this location?
9.	Who owns the Real Property that your Business is situated on?
0.	Who owns the personal property (Business Assets)?

				Real Party he license fe		curred any financial liab	ilities or monetary
	Yes		No	If "Yes", indica incurred.	ate the name of th	e party the applicant in indebte	d to and how the liability was
Did y	ou su	spend	d the c	perations o	f the Business	s at anytime the past yea	ars?
	Yes		No	If "Yes", please	explain/ Use supple	emental sheets for additional respo	onse if necessary.
trust		ckho		•	•	r to any employee, parti y or indirectly interested	• •
	Yes		No	If "Yes", please	explain. Use supple	emental sheets for additional respo	onse if necessary.
direction direct	tly or i	indire on of t	ctly ir	nterested in	this BUSINES	ctor, trustee, stockholde S ever been arrested, ch ACT or any other preva	arged or convicted for
	Yes	otner	No	If "Yes", please indicating that i		l information is to be provided, ple	rase use a supplemental attachme.
Is thi	Yes	icatio	No n for	If "Yes", please indicating that is a response for	explain. If additional is a response for its item number 15.	il information is to be provided, ple ems provided, please use a supple difor a Club?	ease use a supplemental attachment emental attachment indicating that
Is thi	Yes is appl	icatio	n for a	If "Yes", please indicating that is a response for an ABC Lice of the CLUB	explain. If additional is a response for its item number 15. Inse submitted Chapter.	I information is to be provided, ple ems provided, please use a supple I for a Club?	Yes No
Is this If Yes How	Yes is appl s, indic	icatio ate the	n for a	If "Yes", please indicating that is a response for an ABC Lice of the CLUB soft the CL	explain. If additional is a response for its item number 15. Inse submitted Chapter.	I information is to be provided, ple ems provided, please use a supple if for a Club?	Yes No
Is this If Yes How How	yes is appl s, indic are the	icatio ate the	n for a	If "Yes", please indicating that is a response for a response for a response for the CLUB of the CLUB	explain. If additional is a response for its item number 15. Inse submitted Chapter. Selected?	il information is to be provided, ple ems provided, please use a supple if for a Club?	Yes No ues \$
Is this If Yes How How ATTA	is appl s, indicare the are the	icatio ate the mem mem	n for a date bers of bersh	If "Yes", please indicating that is a response for a response for the CLUB of the CLUB sip dues paid?	explain. If additional is a response for its item number 15. Inse submitted Chapter. Selected? BONA FIDE M	il information is to be provided, ple ems provided, please use a supple if for a Club?	Yes No
Is this If Yes How How ATTA	is appl s, indicare the are the	icatio ate the mem mem	n for a date bers of bersh	If "Yes", please indicating that is a response for a response for a response for the CLUB of the CLUB	explain. If additional it is a response for it item number 15. Inse submitted Chapter. Selected? BONA FIDE M	il information is to be provided, ple ems provided, please use a supple if for a Club?	Yes No No TO THIS APPLICATION.
Is this If Yes How ATTA	is appl s, indicare the are the are the are the are the are the ated the	icatio ate the mem mem ROST	n for a e date bers debershore ER O	If "Yes", please indicating that is a response for a response for a response for the CLUB of the CLUB sip dues paid? F REGULAR ers selected?	explain. If additional is a response for its item number 15. Inse submitted Chapter. Selected? BONA FIDE M	il information is to be provided, ple ems provided, please use a supple difor a Club? Amount of D IEMBERS OF THE CLUB	Yes No No TO THIS APPLICATION.

each including the shares held by eac	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:	Tit	le:	Occupation:	Signature:				
	d numbers of shares on sto tner, give the names of		· ·	of each partner				
Name:		erest of Busine		Signature:				
rame.		erest of busine		oignature.				
If additional space is no	eeded, attach supplemental	sheet and indict	e if the response if for	16 or 17.				
This affidavit is t	This affidavit is to 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 ar	n Individual, Partnership	o, Club or Ass	ociation sign the fo	llowing oath:				
9	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 Cor	rporation, LLC, LLP, Sig	gn the following	ng oath:					
			=	law depose and say that I am				
	of the							
(Offici	al Title)	(Corpora	ition Name)	(DBA)				
the sole owner of the	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 turn and correct.							
		Signed	1:					
		Signed	2:					
State of		_						
Country of	SS	S						
Subscribed and sworn bef				_, 20				
Nota								
				(Notary)				

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



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DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

	At	tachment "A":	Personal Histor	у	
Name:					
(La Nicknames/Aliases:	Date of Birth:	Sex:	(First) Marital Sta	ntus: Pla	(Middle / Maiden)
Phone#:	Guam D.L.#:	SSN:	-	 PP#:	
Citizenship: U.S	6. Other: (Spe	cify)	Alien Regi	stration No.: _	
How long has applicant re			d citizen, where did r	aturalization take	e place:
List all employers for the p employment.	east then (10) years, sta	rting with most rece	ent/current. If require	ed, add an additic	n page to complete
Period 1.	Name of Employer		Emplo	yer's Address	
2.					
3					
4. 5.					
Has the applicant ever app	olied for a liquor license	before the ABC Bo	pard? Yes	☐ No	If, Yes, Give Details
Has the applicant ever hel	d a liquor license anywl	nere, other than in	Guam? Yes	☐ No	If, Yes, Give Details
I certify that all statements	above made by me and	d on any sheet atta	ched hereto are true	and correct.	
		POLICE CL	FARANCE	(Applio	cant)
	applicant have/has had	n and SHALL NOT an infraction, a lette	EXCEED THIRTY (urt of Guam Prob	ssuance. Should the Police pation Office is required stating
		NOT	ARY		
Notary must be used if app the application is being su			submission of the ap	plication. (Examp	ole: If applicant is off-Island or if
State of					
Country of		SS.			
Subscribed and sworr	n before me on		of		, 20
	tary St				Notary)



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DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

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:



Certified Corrected By:

Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Attachment "(C": FI	oor	Plan
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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 fo alcoholic beverage consumption area, the access entrances are/or exits, a This declaration/certification is made by the undersigned applicant under the declares that he/she has set his or her hand and executions.	and boundaries of this application for the ABC License. ne penalty of perjury. The undersigned applicant furtuer
Compliance Use Only	
Inspected On:	Signature of Applicant

Date: