



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

ALCOHOLIC BEVERAGE LICENSE CANCELLATION MEMO

To: Department of Revenue and Taxation - Compliance Branch

Date: _____

From: _____

DBA: _____

Alcoholic Beverage License cancellations become effective the day the cancellation memo is received by the Department of Revenue and Taxation's Compliance Branch. The cancellation memo should include the following information:

Alcoholic Beverage License number to be cancelled:

Full business name on alcoholic beverage license to be cancelled:

Full address of the business:

Street

Village

Zip

By signing this document, I request the Department of Revenue and Taxation's Compliance Branch to cancel the assumed Alcoholic Beverage License. I declare that this statement has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Print Name & Signature of Applicant/Owner

NOTE: MUST BRING IN ORIGINAL ALCOHOLIC BEVERAGE LICENSE OR SUBMIT AFFIDAVIT OF LOST/STOLEN ALCOHOLIC BEVERAGE LICENSE

FOR OFFICIAL USE ONLY

Returned

Approved

Disapproved

Remarks: _____

DRT - BUSINESS PRIVILEGE TAX BRANCH

DRT - COMPLIANCE BRANCH

STAMP ENDORSEMENT

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