

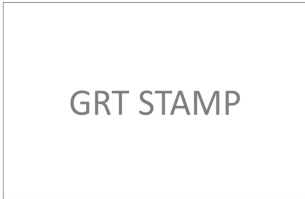


Alcoholic Beverage Wholesale License Renewal Form

For Official Use Only

Required:

- [] Sanitary Permit [] Copy of Valid I.D. for all licensee(s) [] Modification/Updates to any files on record
[] Business Privilege Tax (GRT) Branch Clearance [] Collection Branch Clearance



Payment:

ABL Number: Class: Three (3) Kind/Type: Wholesaler Fee: \$
Date Recorded: Official Receipt Number: Amount: \$
Check Date: Payer: Bank Check Number:

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Licensee must answer all questions fully and accurately. If a question does not apply type or print "N/A"

- 1. Applicant/License Issued to:
2. Doing Business As (DBA)/Trade Name:
3. Business Organization: [] Sole [] Partnership [] Corporation [] LLC [] LLP [] Club [] Other
4. Location: Lot & Block Number:
5. Mailing Address:
6. Licensee's Contact Information: Business: Home:
Mobile: Email:
7. Is the name of applicant of the Real Party Interest? [] Yes [] No
8. Are all Business Licenses in the name of Real Party Interest? [] Yes [] No
If "no", indicate the name of person(s) that is/are the Real Party in interest below;

- Notary MUST be used if applicant cannot physically be present upon submitting the application.
(Example: If applicant is off-island or if an application is being submitted by a processor.)

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

(Name of Official), being first duly sworn according to the law, dispose and say that i am the
(Official Title) of the []Sole, []Partnership, []Corporation, []LLC, []LLP, []Clubs, []Other
(Doing Business As (DBA))

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 renewal application, required documents submit here with and the statements and answers made therein are true and correct.

Owner's Signature:

Processor's Signature:

State of
County of SS.

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



(Notary)