

# Alcoholic Beverage License Renewal Form

**Requirements:** Business License, Sanitary Permit, List of Employees for a class 4, and any modification of record on file

ABL NUMBER	CLASS	KIND/TYPE	FEE
_____	_____	_____	\$ _____

## For ABC STAFF USE ONLY

**PAYMENT:**

Date Rec'd: \_\_\_\_\_ Official Receipt No.: \_\_\_\_\_

Payer: \_\_\_\_\_ Check No.: \_\_\_\_\_

Bank: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PLEASE ANSWER ALL THE QUESTIONS:**

1. Applicant/License Issued to: \_\_\_\_\_
2. Dba/Trade Name: \_\_\_\_\_
3. Business Organization: Sole ( ) Partnership ( ) Corporation ( ) LLC ( ) LLP ( ) Club ( ) Other ( )
4. Location: Lot & Block No. \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Telephone Numbers of Licensees: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell/Pager \_\_\_\_\_
7. Is the name of applicant the Real Party Interest? ( ) Yes ( ) No
8. Are all Business Licenses in the name of the Real Party Interest? ( ) Yes ( ) No If no, indicate the name of person(s) that is/are the Real Party in interest? \_\_\_\_\_

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

Of Guam ) ssn:  
City of Hagatna)  
)

\_\_\_\_\_, 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 or 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 there in are true and correct.

Owner Signed: \_\_\_\_\_

Processors Signed: \_\_\_\_\_

Sworn to personally before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Signed: \_\_\_\_\_

Administrator of Oath