



Dipattamenton Kontribusiyan Adu'ana  
 DEPARTMENT OF  
**REVENUE AND TAXATION**  
 GOVERNMENT OF GUAM Gubetnamenton Guahan

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL 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 operations at the same location for which the license is presently in effect.

EXPIRATION: If the license fee is not paid on or before the 30<sup>th</sup> day of June of each year, the license is automatically suspended, but may be reinstated by the ABC Board within thirty-one (31) days after June 30, upon payment of the license fee. Unless the license is so reinstated, it is automatically revoked thirty-one (31) days after June 30<sup>th</sup> and the ABC Board shall not issue a license except upon original application.

ASSIGNEE LICENSE NO.	CLASS APPLIED FOR	LICENSE FEE SCHEDULE (ANNUAL BASIS)	PRORATED FEE'S		
			July to Sept	Oct to Dec	Jan to Jun
_____	( )	1. Manufacturer's -----\$100.00	\$100.00	\$75.00	\$50.00
_____	( )	2. Agent's ----- \$250.00	\$250.00	\$187.50	\$125.00
_____	( )	3. Wholesaler ----- \$1000.00	\$1000.00	\$750.00	\$500.00
_____	( )	4. Retail "ON" Sale			
		Beer ----- \$300.00	\$300.00	\$225.00	\$150.00
		Wine ----- \$300.00	\$300.00	\$225.00	\$150.00
		General ----- \$1000.00	\$1000.00	\$750.00	\$500.00
		Manager/Assistant Manager	\$60.00 per 3 years		
		Alcoholic Employee	\$60.00 per 3 years		
_____	( )	5. Retail "OFF" Sale			
		Beer ----- \$200.00	\$200.00	\$150.00	\$100.00
		General ----- \$1000.00	\$1000.00	\$750.00	\$500.00
		Alcoholic Employee	\$60.00 per 3 years		
_____	( )	6. Special Alcohol Spirits ----- \$25.00	\$25.00	\$18.75	\$12.50
		Alcoholic Employee	\$60.00 per 3 years		

_____	( )	7. Temporary Beer (per event)-----\$100.00 (\$20 per day not to exceed \$100.00) Alcoholic Employee	\$100.00	\$100.00	\$100.00	\$100.00
_____	( )	8. Public Warehouseman ----	\$50.00	\$50.00	\$37.50	\$25.00
_____	( )	9. Club License ----- Alcoholic Employee	\$500.00	\$500.00	\$375.00	\$250.00
_____	( )	10. Temporary General (per event) ----- (\$50 per day not to exceed \$100.00) Alcoholic Employee	\$100.00	\$100.00	\$100.00	\$100.00
_____	( )	11. Microbrewery-Pub Rest -- Alcoholic Employee	\$1000.00	\$1000.00	\$750.00	\$500.00
_____	( )	12. Mobile License                      - General On Sale License Only - a) Limousine -per vehicle ----- b) Charter Van-10 passengers - c) Charter Van-10 pass(more)-- d) Buses ----- Alcoholic Employee	\$750.00 \$500.00 \$750.00 \$1000.00	\$750.00 \$500.00 \$750.00 \$1000.00	\$562.50 \$375.00 \$562.50 \$750.00	\$375.00 \$250.00 \$375.00 \$500.00
_____	( )	13. Alcoholic Server/Seller Training Programs			\$200.00 per year	

The total fee in CERTIFIED OR CASHIERS' CHECK must accompany all applications.  
Make checks payable to the TREASURER OF GUAM.

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**DO NOT COMPLETE THIS PORTION – FOR ABC OFFICE USE ONLY**

Date Received: \_\_\_\_\_, 20 \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

CHECK NO. (If Applicable) \_\_\_\_\_ AMOUNT RECEIVED \$ \_\_\_\_\_

GENERAL FUND ACCOUNT NUMBER: 563-01 (If other Revenue account is used, specify) \_\_\_\_\_

Please answer all of the following items:

1. Name(s) of applicant: \_\_\_\_\_
  
2. Business Organization: Individual ( ) Partnership ( ) Corporation ( ) Club ( )  
Association ( ) Other ( ) \_\_\_\_\_
  
3. Doing Business as (DBA) or Trade Name: \_\_\_\_\_
  
4. Business Address of Applicant: \_\_\_\_\_
  
5. Residential Address of Applicant: \_\_\_\_\_
  
6. Contact Telephone Numbers: \_\_\_\_\_ (B) \_\_\_\_\_ (H) \_\_\_\_\_ (C)
  
7. Is the within named applicant the REAL PARTY in interest? YES ( ) NO ( )
  
8. 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.  
\_\_\_\_\_
  
9. What type of Business do you operate at this location? \_\_\_\_\_
  
10. Who owns the Real Property that your BUSINESS is situated on? \_\_\_\_\_  
(Attach a copy of the authority by which you occupy the premises, e.g., Rental Agreement)
  
11. Who owns the personal property (Business Assets) ? \_\_\_\_\_

Please answer all of the following items:

12. Are the utilities' responsible party listed in the name of the applicant? If not, who is listed as the party responsible for the utility consumption accounts? YES ( ) NO ( ) \_\_\_\_\_
13. Has the applicant (the REAL PARTY IN INTEREST) incurred any financial liabilities or monetary assistance in paying the license fee? YES ( ) NO ( ) If yes, indicate the name of the party the applicant is indebted to and how the liability was incurred. \_\_\_\_\_
14. Did you suspend the operations of the BUSINESS at any time the past years? YES ( ) NO ( ) If yes, indicate when, why and for what period of time. \_\_\_\_\_
15. Has a license issued by the ABC Board to you or to any employee, partner, officer, director, trustee, stockholder or any other person directly or indirectly interested in this business ever been revoked? YES ( ) NO ( ) If yes, please explain. Use supplemental sheets for additional response if necessary.  
\_\_\_\_\_
16. Have you or any employee, partner, officer, director, trustee, stockholder, or any other person directly or indirectly interested in this BUSINESS ever been arrested, charged or convicted for any violation of the ALCOHOLIC BEVERAGE CONTROL ACT or any other prevailing law on Guam or elsewhere (other than minor traffic violations)? YES ( ) NO ( ) If yes, please explain. If additional information is to be provided, please use a supplemental attachment indicating that it is a response for items provided, please use a supplemental attachment indicating that it is a response for item \_\_\_\_\_  
\_\_\_\_\_
17. Please indicate the Location of the BUSINESS: Attach Vicinity Map to the location proposed
- (a) Name of Municipality: \_\_\_\_\_  
Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_
- (b) Description of the building on the above lot wherein the alcoholic beverage sales are to be made:  
\_\_\_\_\_
- (c) Give the area dimensions of the building (refer to item 17b) where the alcoholic beverages sales are to be confined and restricted to upon issuance of the ABC Board sanctioned license:  
\_\_\_\_\_

ABC Application Form Item 17 continued

**(d) Attach a diagram or a floor plan that represents a true and correct illustration of the (proposed) alcoholic beverage consumption area (if applicable), the entrances and boundaries of the premises for which this ABC License is being solicited. The provided attached diagram or floor plan is certified by the within named applicant to be the only physical facility where the alcoholic beverages will be sold, served, consumed, possessed or stored after the issuance of the ABC LICENSE as applied for in this application. The within named applicant further declares that the physical facilities, entrances and boundaries as set forth in the diagram provided will not altered and/or changed without first notifying and securing the approval of the ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR.**

**CERTIFICATION FOR ITEM 17: It is hereby declared that the above attached illustrations and responses for item 17 are true and correct reflections of the (proposed) alcoholic beverage consumption area, the access entrances are/or exits, and boundaries of this application for the ABC License. This declaration/certification is made by the undersigned applicant under the penalty of perjury. The undersigned applicant further declares that he/she has set his/her hand and executed his/her signature on the within**

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
DATE: \_\_\_\_\_ 20\_\_

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INSPECTED ON \_\_\_\_\_, 20\_\_ CERTIFIED CORRECT: \_\_\_\_\_  
COMPLIANCE OFFICER

18. Is this application for an ABC License submitted for a CLUB? YES ( ) NO ( )

If yes, indicate the date of the CLUB Charter. \_\_\_\_\_

How are the members of the CLUB selected? \_\_\_\_\_

How are the membership dues paid? \_\_\_\_\_ Amount of Dues \$ \_\_\_\_\_

ATTACH A ROSTER OF REGULAR BONA FIDE MEMBERS OF THE CLUB TO THIS APPLICATION.

How are the CLUB officers elected? \_\_\_\_\_

Indicate the NAMES, TITLES, and OCCUPATIONS of all CLUB officers:

NAMES	TITLE	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. If applicant is a Corporation, LLC, LLP give the names of the 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.

**CORPORATE OFFICIALS/MANAGER**

NAME	TITLE	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: FOR THE NAMES AND NUMBER OF SHARES ON STOCKHOLDERS, ATTACH ITEMIZED LISTING.**

20. If applicant is a partnership, give the names of the partners and list the interests of each partner.

NAME OF PARTNER

INTEREST OF BUSINESS


If additional space is needed, attach supplemental sheet and indicate that the response is for Item 20.

This affidavit is to be signed in the presence of the authorized person administering the oath and on the date attested to for the within instrument.

IF APPLICATION IS SUBMITTED FOR AN INDIVIDUAL, PARTNERSHIP, CLUB OR ASSOCIATION, SIGN THE FOLLOWING OATH:

Guam            )        ss:  
                  )  
City of Hagatna    )

I/We \_\_\_\_\_

Being first duly sworn, according to the law, depose and say that I/We are the sole true owner(s) of the business mentioned in the foregoing application and that the statements and answers made therein are true and correct.

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

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

Sword personally before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

Administrator of Oath

This affidavit is to be signed in the presence of the authorized person administering the oath and on the date attested to for the within instrument.

IF APPLICATION IS FOR A CORPORATION, LLC, LLP, SIGN THE FOLLOWING OATH:

Guam ) ss:  
 )  
City of Hagatna )

\_\_\_\_\_, being first duly sworn according to the law depose and say that I am  
(Name of Corporate Official)

the \_\_\_\_\_ of the \_\_\_\_\_, \_\_\_\_\_  
(Official Title) (Corporation Name) (dba)

a corporation, LLC, LLP duly organized and authorized by law to do business in Guam, that said organization is the sole owner of the business mentioned in the foregoing application, and that the statements and answers made therein are true and correct.

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

Sword to personally before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

Administrator of Oath

NOTE: EVIDENCE OF AUTHORITY TO SIGN ON BEHALF OF THE CORPORATION, LLC, LLP, MUST BE ATTACHED.