

BUSINESS LICENSE APPLICATION

(AUTHORITY: TITLE XVII, GOVERNMENT CODE OF GUAM)



DEPARTMENT OF
REVENUE & TAXATION
GOVERNMENT OF GUAM, P.O. BOX 23607, GMF 96921

CLEARANCE REQUIRED AT ONE STOP CENTER

- | | | |
|--|---|---|
| <input type="checkbox"/> Land Management M-W-F | <input type="checkbox"/> Attorney General | <input type="checkbox"/> Guam Visitors Bureau |
| <input type="checkbox"/> Public Works Bldg. Permit | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> GPSS |
| <input type="checkbox"/> Guam Fire Department | <input type="checkbox"/> ISB Division | <input type="checkbox"/> Gross Receipt Tax <input type="checkbox"/> DMV |
| <input type="checkbox"/> Public Health M-W-F | <input type="checkbox"/> Board of Licensure / Cosmetology | <input type="checkbox"/> Income Tax /W-1 <input type="checkbox"/> Compliance BR |
| <input type="checkbox"/> Contractors License Board | <input type="checkbox"/> Records Section (Police Clearance) | <input type="checkbox"/> Collections |

SSN# _____ PHONE NO. _____ GRT# _____ (OFFICIAL BLB USE ONLY)
 SSN# _____ LOCATOR NO. _____
 EIN# _____

APPLICANT PLEASE NOTE: Every license issued under this Authority shall be deemed to be personal and may not in any circumstances be transferred to any other person. A separate application must be filed for each license. There must be a license for each separate business location.
 SECTION 115.1, Penal Code of Guam states: "Whoever, in any matter within the jurisdiction of any department, board, commission or agency of the Government of Guam, knowingly and willfully conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be guilty of misdemeanor."

FULL NAME OF APPLICANT _____ FILE NO. _____

MAILING ADDRESS _____

BUSINESS LOCATION (Lot, Block & Street Address) _____

DESCRIPTION OF BUSINESS ACTIVITY _____

DOING BUSINESS AS (Business, Trade or Fictitious Name) _____

TYPE OF FIRM

CHECK ONE ONLY:

- | | | | | |
|--|--|---|--|------------------------------------|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> HOME INDUSTRY | <input type="checkbox"/> TEMPORARY |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | <input type="checkbox"/> RETAIL | <input type="checkbox"/> HAND MANUFACTURE | |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> SERVICE | <input type="checkbox"/> COIN VENDING | |
| <input type="checkbox"/> LIMITED PARTNERSHIP | | <input type="checkbox"/> SERVICE RENTAL | <input type="checkbox"/> MACHINE MANUFACTURE | |

APPLICANT REAL PARTY IN INTEREST

IF NOT, LIST NAME AND ADDRESS

NUMBER OF EMPLOYEES:

- YES
 NO

FOR COIN VENDING MACHINE LICENSE ONLY

IDENTIFICATION OF MACHINE	LOCATION OF MACHINE	PROPERTY VENDED
NAME OF OWNER OF MACHINE	ADDRESS OF OWNER	

I Certify that the above statements are true and correct to the best of my knowledge and belief.

DATE _____

SIGNATURE OF APPLICANT _____

TITLE OR CAPACITY _____

FOR USE OF LICENSES AND REGISTRATION BRANCH ONLY

APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	REASON FOR DISAPPROVAL
BUSINESS LICENSE NO. ISSUED	DIRECTOR OF REVENUE AND TAXATION
	DATE

DISTRIBUTION:

- WHITE: LICENSE AND REGISTRATION BRANCH
 BLUE: TAXPAYER'S COPY
 PINK: DEPARTMENT OF LAND MANAGEMENT