



DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guahan

DAFNE MANSAPIT-SHIMIZU, Director  
Direktot  
MICHELE B. SANTOS, Deputy Director  
Sigundo Direktot

Revised: 2019.04.02

Application for Temporary Alcohol License

Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"

Required: Taxpayer Service Division Exemption Application for Specific Event (For Non-Profits ONLY), List of Servers (ABC Card Holders Name, Card Number & Expiration Date) & Event Floor Plan/Layout.

Applying for: (Check boxes that apply) [ ] As a Non-Profit Organization [ ] Class 7 - On Sale Beer [ ] Class 10 - General On Sale

Name of Event: \_\_\_\_\_ Organizations Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business or Other License(s) Held: \_\_\_\_\_ Trade Name or DBA: \_\_\_\_\_

Number of Years Organization has been active? \_\_\_\_\_ Is Organization registered with Department of Revenue & Taxation? [ ] Yes [ ] No

Organization Officer or Directors:

NAME	TITLE	ADDRESS	NAME	TITLE	ADDRESS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has applicant ever applied for a Temporary License? [ ] Yes [ ] No

Has any prior license issued, ever been revoked? [ ] Yes [ ] No

Person(s) responsible for propose license area? \_\_\_\_\_

Location or Site of Proposed Event: \_\_\_\_\_

Type of structure approximate size of area where sales is to be conducted: \_\_\_\_\_

Date(s) and time(s) to take effect:

- 1) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 2) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 3) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 4) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 5) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 6) Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

I, \_\_\_\_\_, state that i am a duly authorized Representative / Director of the Organization and that all statements contained in this application, and any other required attachments hereto, are true and correct and that the Organization has met the requirements stated in Section 3221 11 GCA, and are worthy of the Belief on Oath.

Signature: \_\_\_\_\_

State of \_\_\_\_\_,

Contact No.: \_\_\_\_\_

County of \_\_\_\_\_ SS.

Subscribed and Sworn before me on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(Day) (Month) (Year)



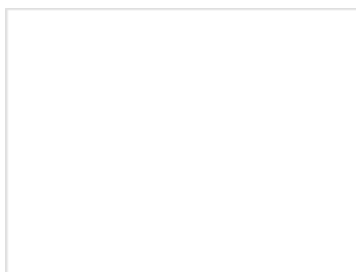
\_\_\_\_\_  
(Notary)

For Official Use Only

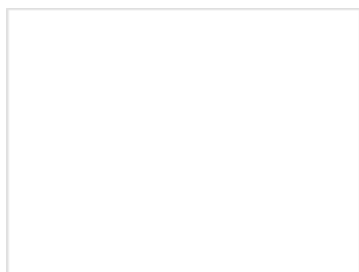
[ ] Approved [ ] Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_ License No.: \_\_\_\_\_

Picked up by: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Released by: \_\_\_\_\_

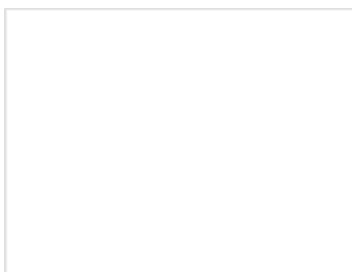
Application Provided: [ ] Taxpayer Service Division Exemption Application for Specific Event [ ] List of Servers (ABC Card Holders) [ ] Floor Plan Event Layout



Business Privilege Tax Stamp



Income Tax Stamp



Collection Stamp



Business License (if a Corporation)