

# FUNDRAISING APPLICATION

AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended By PL 14-140 Eliminating Any Form of Casino Gambling

Department of Revenue & Taxation

Government of Guam

P.O. Box 23607, BARRIGADA 96921



Name of Entity: <i>(As submitted with General Licensing and Registration Branch)</i>		Charter No.:	
EIN:		Tax Exemption No. and Date Approved:	
Contact's Name & No.:		Registration Date of Entity:	
Mailing Address:			
Location of Activity: <i>(MUST include Lot, Block and Physical Address)</i>			
Activity: <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Lottery			
Use to which the net proceed will be applied: <i>(i.e. airfare, lodging, treatment etc.)</i>			
Fictitious Name: <i>(DBA)</i>		Proceeds to benefit: <i>(Check one only)</i>	
		<input type="checkbox"/> Educational <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Fraternal <input type="checkbox"/> Other: _____	
Type of Organization: <i>(Check only one)</i> <input type="checkbox"/> Club <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other: _____			
Name of three (3) persons who shall be responsible for the operations activity and the use to which the net proceed will be applied.			
Name: <i>(First)</i> _____ <i>(Last)</i> _____		Title: _____	
Home Address: _____		Signature: _____	
Name: <i>(First)</i> _____ <i>(Last)</i> _____		Title: _____	
Home Address: _____		Signature: _____	
Name: <i>(First)</i> _____ <i>(Last)</i> _____		Title: _____	
Home Address: _____		Signature: _____	
I declare under the PENALTY OF PERJURY under the laws of Guam, the above information is true, complete and correct to the best of my knowledge.			
State of _____,		_____ <i>(Name and Signature of Authorized Rep.)</i>	
Country of _____ SS.		_____ <i>(Mailing Address of Authorized Rep.)</i>	
Subscribed and Sworn before me on _____ of _____, 20____			
(Day)		(Month) (Year)	
[Notary Seal Area]		_____ <i>(Notary Public in and for the Territory of Guam)</i>	
My Commission Expires: _____			
FOR USE BY GENERAL LICENSING AND REGISTRATION BRANCH (DO NOT WRITE BELOW)			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Director of Revenue & Taxation:	
Reason for Disapproval:			
Form of Identification and ID No.:			Date: