



**DEPARTMENT OF REVENUE & TAXATION**

GOVERNMENT OF GUAM

P.O. BOX 23607 BARRIGADA, GU 96921 • TEL: 671-635-1828/9 • FAX: 671-633-2643

**MEMORANDUM**

DATE \_\_\_\_\_

To: Director of Revenue and Taxation

From: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Subject: Application for:

Cancellation Expiration Date: \_\_\_\_\_

Amendment of license to read: \_\_\_\_\_

Relocation of business establishment to: \_\_\_\_\_

\_\_\_\_\_ from: \_\_\_\_\_

Request is hereby made that the business license engaged in business of:

\_\_\_\_\_ situated on \_\_\_\_\_

Be:

CANCELLED

AMENDED

RELOCATED

**\*\*ALL ENDORSEMENTS FROM AGENCIES  
MUST BE STAMPED ON THIS FORM.\*\***

\_\_\_\_\_  
SIGNATURE(S) OF APPLICANT

Endorsement required from:

RELOCATION/ AMENDMENT

TAX CLEARANCES

Dept. of Land Management

Business Privilege Tax (GRT)

Public Works-Bldg. Permit Section

Income Tax/W-1

Guam Fire Department

Collections

Public Health & Social Services

Business License Branch

Real Property Tax Division

NOTE: MUST BRING IN CURRENT BUSINESS/TOBACCO LICENSE(S)

**FOR OFFICIAL USE ONLY**

Returned

Approved

Disapproved

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Director of Revenue & Taxation