



DEPARTMENT OF

REVENUE & TAXATION

GOVERNMENT OF GUAM

P.O. Box 23607, GMF, Guam 96921 • Tel.: (671) 635-1828/9 • Fax: (671) 633-2643

DATE

MEMORANDUM

To: Director of Revenue and Taxation

From: _____ Acct. No.: _____

Subject: Application for:

Cancellation Expiration Date: _____

Amendment of license to include: _____

Relocation of business establishment to: _____

_____ from: _____

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

_____ situated on _____

be:

CANCELLED

AMENDED

RELOCATED

SIGNATURE(S) OF APPLICANT

Endorsement required from:

Dept. of Land Management

Business Privilege Tax (GRT)

Public Works-Bldg. Permit Section

Collections

Public Health & Social Services

Income Tax / W-1

Guam Fire Department

ISB

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

FOR OFFICIAL USE ONLY

Returned

Approved

Disapproved

Remarks: _____

Director of Revenue and Taxation