



Dipattamenton Kontribusion yan Adu'aña

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'láhi  
RAY TENORIO, Lt. Governor Tiñente Gubetnadot

JOHN P. CAMACHO, Director  
Direktot  
MARIE M. BENITO, Deputy Director  
Sigundo Direktot

Revised: 2018.08.20

Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"  
**NOTE:** Police Clearance must accompany application and shall **NOT EXCEED THIRTY (30) DAYS** from issuance.

## MANAGER/MANAGER ASSISTANT ABC CARD APPLICATION

I, \_\_\_\_\_ hereby apply for registration of

(Licensee)

\_\_\_\_\_ as (Manager) or (Assistant Manager)

(Applicant)

of the Alcoholic Beverage Control facilities known as \_\_\_\_\_

and located at \_\_\_\_\_ which is covered by Alcoholic Beverage Control

License No. \_\_\_\_\_, and caused the questionnaire set forth below to be completed.

The facts stated herein are true to the best of my knowledge and belief, and I vouch for his good character accordingly.

Date: \_\_\_\_\_

(Signature Licensee or Authorized Agent)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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### \*\*\*\*QUESTIONNAIRE\*\*\*\*

To be completed by applicant. Attach and sign additional sheets if needed.

1) Name of Applicant: \_\_\_\_\_ 2) Phone # \_\_\_\_\_

3) C.I. No. or D.L. No. \_\_\_\_\_ 4) S.S. No. \_\_\_\_\_

5) Date of Birth: \_\_\_\_\_ 6) Place of Birth: \_\_\_\_\_

7) Age: \_\_\_\_\_ 8) Citizenship: \_\_\_\_\_ 9) Nat. No. \_\_\_\_\_

10) Sex: \_\_\_\_\_ 11) Current Address: \_\_\_\_\_

12) Record of employment past five (5) years. (Start with most recent and give name and address of employer).

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13) Residences for last five (5) years:

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14) Number of years resident of Guam: \_\_\_\_\_

15) Have you ever been arrested, charged, or convicted for any violation of the Alcoholic Beverage Control Act or any other law, either in Guam or elsewhere, other than minor traffic violations?

YES ( ) NO ( ) (If answer is "YES", give details).

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16) Has any prior Alcoholic Beverage Control License issued to you ever been suspended or revoked? YES ( ) NO ( )

I certify that all statements above made by me and on any sheet attached hereto are true and correct.

\_\_\_\_\_  
(Applicant)

-----FOR OFFICIAL USE ONLY-----

Sworn to personally before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Administrator of Oath - Inspector)

Action by Alcoholic Beverage Control Board:

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Date: \_\_\_\_\_

\_\_\_\_\_  
(Chairman)