



Dipáttamenton 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: 2018.08.22

Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"  
Required: *List of Servers* (ABC Card Holders Name & Card Number) & *Event Floor Plan/Layout*.

## Non-Profit Organization Application For Temporary License

Applying For: (check one below)

Class 7 - On Sale Beer

Class 10 - General On Sale

1. Name of Event: \_\_\_\_\_
2. Organizations Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Business or Other License Held: \_\_\_\_\_
5. Trade Name or DBA: \_\_\_\_\_
6. Is Organization registered with Department of Revenue and Taxation? \_\_\_\_\_
7. Organization Officer or Directors:

NAME

TITLE

ADDRESS

NAME	TITLE	ADDRESS

8. Number of Years Organization has been active? \_\_\_\_\_
9. Has applicant ever applied for a Temporary License? \_\_\_\_\_
10. Has any prior license issued, ever been revoked? \_\_\_\_\_
11. Person(s) responsible for propose license area? \_\_\_\_\_
12. Location or Site of Proposed Event: \_\_\_\_\_
13. Type of structure approximate size of area where sales is to be conducted: \_\_\_\_\_
14. Number of days for which applied: \_\_\_\_\_

**15. Date(s) and time(s) to take effect:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_,

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

**Subscribed and Sworn before me on** \_\_\_\_\_ **of** \_\_\_\_\_, **20** \_\_\_\_\_.  
(Day) (Month) (Year)

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

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

[ ] Approved [ ] Disapproved

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License No.: \_\_\_\_\_

Picked up by: \_\_\_\_\_  
(Print and Sign)

Date and Time:

\_\_\_\_\_

-----**For Official Use Only**-----

**Application Provided:**

[ ] List of Servers (ABC Card Holders)

[ ] Floor Plan Event Layout

Business  
Privilege  
Tax  
Stamp

Income Tax Stamp

Collection Stamp

Business License Stamp  
(If a Corporation)