

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Attachment "A": Personal History						
Name:						
Nicknames/Aliases:	Date of Birth:	Sex:	(First) Marital St	atus: Pla	(Middle / Maiden)	
Phone#:	Guam D.L.#:	SSN:		 PP#:		
Citizenship: U.S. Other: (Specify)		cify)	Alien Registration No.:			
How long has applicant res Naturalization Document N		If a naturalized citizen, where did naturalization take place:				
List all employers for the pa employment.			nt/current. If requir	ed, add an additio	n page to complete	
Period Name of Employer Employer's Address 1.						
2.						
3.						
4.						
5.						
Has the applicant ever app	lied for a liquor license	before the ABC Boa	ard? Yes	s No	If, Yes, Give Details	
Has the applicant ever held	l a liquor license anywh	nere, other than in G	Guam? Yes	s No	If, Yes, Give Details	
I certify that all statements	above made by me and	d on any sheet attac	ched hereto are tru	e and correct.		
				(Applicant)		
		POLICE CLI	EARANCE			
	oplicant have/has had a		r from Supreme Co	ourt of Guam Prob	ssuance. Should the Police eation Office is required stating	
		NOTA	ARY			
Notary must be used if app the application is being sub			ubmission of the a	pplication. (Examp	ole: If applicant is off-Island or if	
State of						
Country of		SS.				
	before me on		of		, 20	
	ary St				Notary)	