

Special Display and Tasting/Sample Event(s)

REQUEST IN ACCORDANCE WITH TITLE 11 GUAM CODE ANNOTATED SECTION 3229.

PAYMENT:

Date Rec'd: _____

Official Receipt No.: _____

Payer: _____

Check No.: _____

Bank: _____

Date: _____ Amount: \$ _____

PLEASE ANSWER ALL THE QUESTIONS:

1. Applicant/License Issued to: _____
2. Dba/Trade Name: _____
3. Business Organization: Agent () Off-Sale () Wholesale ()
4. Mailing Address: _____
5. Contact Numbers: Business _____ Home _____ Cell/Pager _____
6. EVENT DATES: _____ TIME FROM: _____ TO: _____
7. WHERE AT(physical location) _____ DBA _____
8. TYPE OF LIQUOR FOR SAMPLING: _____
9. _____
10. Applicant understand that beverages are **not to be served** to underage attendees: (yes) (no)
11. Applicant understand sampling requirement ie containers/limitations: (yes) (no)
12. Applicant understand that "Tasters" are remain within the "event room"

Physical Location where event to take place: _____ date _____
(Print and sign over Name)

If Applicant is for Sole, Partnership, Corporation, LLC, LLP, Club, or Other, Sign the following oath:

Of Guam) ssn:

City of Hagatna)

)

_____, being first duly sworn according to the law, dispose and say that I am

(Name of Official)

the _____ of the _____.

(Official Title)

(Sole, Partnership, Corporation, LLC, LLP, Club, Others)

(dba)

Duly organized and authorized by law to do business in/or Guam, that said above is the owner of the business mentioned in the foregoing **APPLICATION FOR SPECIAL DISPLAY AND TASTING/SAMPLING EVENT** required documents submit here with and the statements and answers made there in are true and correct.

Owner Signed: _____

Sworn to personally before me and subscribed in my presence this _____ day of _____ 20 ____.

Signed: _____

Administrator of Oath