



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

EDDIE BAZA CALVO, Governor Maga'áhi
RAY TENORIO, Lt. Governor Tiferite Gubetnadot

JOHN P. CAMACHO, Director
Direktot

MARIE M. BENITO, Deputy Director
Segundo, Direktot

<h1>TAXI</h1>	<h1>OWNER</h1>
	NEW _____ RENEWAL _____
APPLICANT: _____ DATE: _____ NAME: _____ ADDRESS: _____ DBA: _____ SSN/GRT NO. _____	INCOME TAX BRANCH
TYPE: ____ CORPORATION ____ SOLE PROPIERTOR ____ PARTNERSHIP ____ OTHER _____	BUSINESS PRIVILEGE TAX/GRT
CERTIFICATION: I, Certify that the information provided herein are true and correct to the best of my knowledge. I, further certify that I have reasonable knowledge of the TAXICAB RULES AND REGULATIONS and provisions thereof. SIGNED: _____	COLLECTION BRANCH
COMMENTS:	BUSINESS LICENSE BRANCH
NECESSARY CLEARANCE: ____ Traffic Clearance ____ Police Clearance ____ 4 Passport Photos / 1 Taxicab Photo ____ Taxicab Insurance Policy ____ Medical Clearance	WEIGHTS AND MEASURES BRANCH
OTHER ITEMS REQUIRED: ____ Fire Extinguisher ____ Taxi Fare Card ____ Receipt Book	