



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'hága  
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

DAFNE M. SHIMIZU, Director  
Aktot Direktot  
MICHELE B. SANTOS, Deputy Director  
Sigundo Direktot

<h1>TAXI</h1>	<h1>OWNER</h1>
	NEW _____ RENEWAL _____
<b>APPLICANT:</b> _____ <b>DATE:</b> _____ <b>NAME:</b> _____ <b>ADDRESS:</b> _____ <b>DBA:</b> _____ <b>SSN/GRT NO.</b> _____	<b>INCOME TAX BRANCH</b>
<b>TYPE:</b> ____ CORPORATION ____ SOLE PROPIERTOR ____ PARTNERSHIP ____ OTHER _____	<b>BUSINESS PRIVILEGE TAX/GRT</b>
<b>CERTIFICATION:</b> 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 <b>TAXICAB RULES AND REGULATIONS</b> and provisions thereof. <b>SIGNED:</b> _____	<b>COLLECTION BRANCH</b>
<b>COMMENTS:</b>	<b>BUSINESS LICENSE BRANCH</b>
<b>NECESSARY CLEARANCE:</b> ____ Traffic Clearance ____ Police Clearance ____ 4 Passport Photos ____ Taxicab Insurance Policy ____ Medical Clearance	<b>WEIGHTS AND MEASURES BRANCH</b>
<b>OTHER ITEMS REQUIRED:</b> ____ Fire Extinguisher ____ Taxi Fare Card ____ Receipt Book	