CLEARANCE REQUIRED
( ) Land Management
( ) Fire Dept.
( ) Public Works Bldg. Permit

( ) Public Health

SSN#



ORIGINAL APP'L.

RENEWAL APP'L.

DEPARTMENT OF

## **REVENUE & TAXATION**

GOVERNMENT OF GUAM • P.O. BOX 23607 GMF, GU 96921

## TOBACCO / TOBACCO PRODUCTS LICENSE APPLICATION

(AUTHORITY: TITLE XI, GCA, TOBACCO CONTROL ACT.)
TO ENFORCE THE PROHIBITION OF THE SALE OF
TOBACCO / TOBACCO PRODUCTS TO MINORS.
MUST BE DISPLAYED CONSPICUOUSLY BY LICENSEE.

SSN#							
EIN#		PHONE	NO.:	DATE REC	EIVED:		
Please read reverse	e side for detailed instru	uctions on completing this application.					
FULL NAME OF APPLICANT					CORPORATE CHARTER NO.		
					1	. , , , , , , , , , , , , , , , , , , ,	
BUSINESS MAILIN	G ADDRESS						
BUSINESS LOCAT	ION (Block, Lot No., M	unicipality)					
DESCRIPTION OF							
	☐ Wholesale	☐ Retail ☐ Vending					
DOING BUSINESS	AS (Business, Trade o	or Fictitious Name)					
TYPE OF FIRM		COLE					
CORPORATION	Q PAR	SOLE TNERSHIP PROPRIETORS	SHIP				
APPLICANT REAL	PARTY IN	IF NOT, LIST NAME AND ADDRESS OF REA	L PARTY IN INTEREST			NO. OF EMPLOYEES	
INTEREST?	s 🗓 NO					,	
		FOR COIN VENDING MACHIN	E LICENSE ONLY (TOBACC	D)			
IDENTIFICATION C	DF MACHINE	LOCATION OF MACHINE		PROF	PERTY VENDED		
NAME OF OWNER OR MACHINE			ADDRESS OF OWNER	L			
I certify that the al	bove statements are t	rue and correct to the best of my knowledge a	nd belief.				
			<u></u>	D	ATE	20	
	SIGNATURE	OF APPLICANT		TITLE OR O	CAPACITY		
		FOR USE OF LICENSES AND	REGISTRATION BRANCH O	NLY			
APPLICATION  Approved	☐ Disapproved	REASON FOR DISAPPROVAL					
TOBACCO LICENS	• •				DATE		
		DIRECTOR OF REVENUE AND TAXATION					
DISTRIBUTION	WHITE YELLOW PINK	LICENSE AND REGISTRATION BRANCH APPLICANT'S COPY DEPARTMENT OF LAND MANAGEMENT					