

FUNDRAISING APPLICATION

Department of Revenue & Taxation
 Government of Guam
 P.O. Box 23607 Barrigada, Guam 96921



AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended by PL 14-140
 Eliminating Any Form of Casino Gambling

Name of Entity: (As submitted with the Business License Branch)		Charter No:
EIN:	Contact's Name & No:	Tax Exemption No. & Date Approved:
Mailing Address:		Registration Date of Entry:

Location of Activity: (Must include Lot, Block, and Physical Address)

Activity: Bingo Raffle-Lottery Days/Hours of Operation:

Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)

Fictitious Name: (DBA)	Proceeds to benefit: (Check one only)
	<input type="checkbox"/> Educational <input type="checkbox"/> Charitable <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Fraternal <input type="checkbox"/> Other:

Type of Organization: (Check only one) Club Nonprofit Corporation Association Other

Name of three (3) persons who shall be responsible for the operations activity and the use to which the net proceed will be applied (Current Officers)

Name (First, Last)	Title:
Home Address:	Signature:
Name (First, Last)	Title:
Home Address:	Signature:
Name (First, Last)	Title:
Home Address:	Signature:

Will officers be compensated? Yes No Will you have volunteers to manage Bingo? Yes No

Will you have paid employees to manage Bingo? Yes No

TAX CLEARANCES

GRT

INCOME TAX

COLLECTIONS

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Entity Name: _____

Date: _____

I declare under the PENALTY OF PERJURY under the laws of Guam, the above information is true complete and correct to the best of my knowledge.

State of: _____

(Name & Signature of Authorized Rep)

Country of: _____

(Mailing address of Authorized Rep)

Subscribed and Sworn before me on _____ of _____ 20_____
(Day) (Month) (Year)

(Notary Public in and for the Territory of Guam)

My Commission Expires: _____

FOR USE BY GENERAL LICENSING AND REGISTRATION BRANCH (DO NOT WRITE BELOW)

Approved Disapproved

Reason for Disapproval:

Form of Identification and ID No.:

Date: