



Answer all questions fully and accurately. If a question does not apply to you type or print "N/A"
NOTE: Police Clearance must accompany application and shall **NOT EXCEED THIRTY (30) DAYS** from issuance.
Manager/Assistant Manager ABC Card Application **MUST** be notarized before submission.

Manager/Assistant Manager ABC Card Application

To be completed & notarized by Licensee - Owner.

I, _____ hereby apply for registration of _____
(Licensee - Owner) (Applicant - Employee)
as [] (Manager) or [] (Assistant Manager) of the Alcoholic Beverage Control facilities known as _____
and located at _____ which is covered by Alcoholic Beverage Control License No. _____, and caused the
questionnaire set forth below to be completed. The facts stated herein are true to the best of my knowledge and belief, and I vouch for his/her
good character accordingly.

Date: _____
State of _____, (Signature Licensee or Authorized Agent)
County of _____ SS.
Subscribed and sworn before me on _____ of _____, 20 _____.
(Day) (Month) (Year)



(Notary)

QUESTIONNAIRE

To be completed by Applicant - Employee.

- 1) Name of Applicant: _____ 2) Sex: _____ 3) Place of Birth: _____
- 4) Date of Birth: _____ 5) Age: _____ 6) Phone #: _____ 7) C.I. No. or D.L. No.: _____
- 8) S.S. No.: _____ 9) Citizenship: _____ 10) Nat. No.: _____
- 11) Current Address: _____ 12) Number of years as resident of Guam: _____
- 13) Residences for last five (5) years:
 - 1) _____ 3) _____ 5) _____
 - 2) _____ 4) _____
- 14) Record of employment past five (5) years. (Start with most recent and give name and address of employer)
 - 1) _____ 3) _____ 5) _____
 - 2) _____ 4) _____
- 15) Have you ever been arrested, charged, or convicted for any violation of the Alcoholic Beverage Control Act or any other law, either in Guam or elsewhere, other than minor traffic violations? [] Yes: (If "YES", give details) [] No
- 16) Has any prior Alcoholic Beverage Control License issued to you ever been suspended or revoked? [] Yes: (If "YES", give details) [] No

FOR OFFICIAL USE ONLY

I certify that all statements above made by me and on any sheet attached hereto are true and correct.

(Applicant - (signed in the presence of an Inspector)
Sworn to personally before me and subscribed in my presence this _____ day of _____, 20 _____.

(Administrator of Oath - Inspector)
Action by Alcoholic Beverage Control Board: [] Approved [] Disapproved

Remarks: _____
Date: _____
(Chairman)