



REVENUE AND TAXATION

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC) LICENSE

This application cannot be accepted, unless it is filed by the present licensee, (THE REAL PARTY IN INTEREST) at the same location for which the license is presently in effect.

CONTINUATION: as used herein means the continuation of the present license of the same class, to continue operation at the same location for which the license is presently in effect.

EXPIRATION: If the license fee is not paid on or before the 30th day of June of each year, the license is automatically suspended, however it may be reinstated by the ABC Board within thirty-one (31) days after June 30 upon payment of licensing fee. Unless the license is reinstated, it is automatically revoked thirty-one (31) days after June 30th and the ABC Board shall not issue a license except upon original application (11GCA 3209. Same Expiration Date (b)(c)).

ABC LICENSING FEES

Applying For Class	Standard Fee		Prorated Fees	
	July to Sept	Oct to Dec	Jan to Jun	
<input type="checkbox"/> 1. Manufacturer's	\$100.00	\$75.00	\$50.00	
<input type="checkbox"/> 2. Agent's	\$250.00	\$187.50	\$125.00	
<input type="checkbox"/> 3. Wholesaler	\$1,000.00	\$750.00	\$500.00	
4. Retail "ON" Sale				
<input type="checkbox"/> Beer	\$300.00	\$225.00	\$150.00	
<input type="checkbox"/> Wine	\$300.00	\$225.00	\$150.00	
<input type="checkbox"/> General	\$1,000.00	\$750.00	\$500.00	
5. Retail "OFF" Sale				
<input type="checkbox"/> Beer	\$200.00	\$150.00	\$100.00	
<input type="checkbox"/> Wine	\$400.00	\$300.00	\$200.00	
<input type="checkbox"/> General	\$1,000.00	\$750.00	\$500.00	
<input type="checkbox"/> 6. Special Alcohol Spirits	\$25.00	\$18.75	\$12.50	
<input type="checkbox"/> 7. Temporary Beer	\$100.00	\$100.00	\$100.00	
<input type="checkbox"/> 8. Public Warehouseman	\$50.00	\$37.50	\$25.00	
<input type="checkbox"/> 9. Club License	\$500.00	\$375.00	\$250.00	
<input type="checkbox"/> 10. Temporary General	\$100.00	\$100.00	\$100.00	
<input type="checkbox"/> 11. Microbrewery-Pub Rest	\$1,000.00	\$750.00	\$500.00	
12. Mobile License (General On Sale License)				
<input type="checkbox"/> Limousine (<i>per vehicle</i>)	\$750.00	\$562.50	\$375.00	
<input type="checkbox"/> Charter Van (<i>10 passenger</i>)	\$500.00	\$375.00	\$250.00	
<input type="checkbox"/> Charter Van (<i>more than 10</i>)	\$750.00	\$562.50	\$375.00	
<input type="checkbox"/> Buses	\$1,000.00	\$750.00	\$500.00	
<input type="checkbox"/> 13. Alcohol Seller/Server Training Program		\$200.00		

The total fee in CERTIFIED OR CASHIERS' CHECK must accompany all applications. Make check payable to the **TREASURER OF GUAM**.

DO NOT COMPLETE THIS PORTION - FOR ABC OFFICE USE ONLY

Date Received: _____ Receipt No.: _____

Bank/Check No.: _____ Amount Received: _____

General Fund Account Number: 563-01 (If other Revenue account is used, specify): _____

1. Name of Applicant:

2. Business Organization:

- Individual Partnership Corporation Club Association
 Other: _____

3. Doing Business as (DBA) or Trade Name:

4. Contact Information:

Home Phone No.: _____

Mobile Phone No.: _____

Email Address: _____

Residential Mailing Address of Applicant: _____

Business Phone No.: _____

Business Email Address: _____

Business Mailing Address of Applicant: _____

5. Please indicate the location of the Business:

a) Lot No.: _____ Block No.: _____

Name of Municipality: _____

Description of the building on the above lot where the alcoholic beverage sales are to be made.

b) Vicinity Map: *Complete Attachment "B"*

c) Floor Map: *Complete Attachment "C"*

6. Is the within named applicant the Real Party in interest? Yes No

7. Are all Business Licenses on the premises in the name of the Real Party in interest.

Yes No If No, indicate the name of the person(s) that is (are) the REAL PARTY in interest below.

8. What type of Business do you operate at this location? _____

9. Who owns the Real Property that your Business is situated on?

10. Who owns the personal property (Business Assets)?

11. Are the utilities' responsible party listed in the name of the applicant? If not, who is listed as the party responsible for the utility consumption accounts?

12. Has the applicant (The Real Party In Interest) incurred any financial liabilities or monetary assistance in paying the license fee?

Yes No *If "Yes", indicate the name of the party the applicant is indebted to and how the liability was incurred.*

13. Did you suspend the operations of the Business at anytime the past years?

Yes No *If "Yes", please explain/ Use supplemental sheets for additional response if necessary.*

14. Has a license issued by the ABC Board to you or to any employee, partner, officer, director, trustee, stockholder or any other person directly or indirectly interested in this business ever been revoked?

Yes No *If "Yes", please explain. Use supplemental sheets for additional response if necessary.*

15. Have you or any employee, partner, officer, director, trustee, stockholder, or any other person directly or indirectly interested in this BUSINESS ever been arrested, charged or convicted for any violation of the Alcoholic Beverage Control ACT or any other prevailing law on Guam or elsewhere (other than minor traffic violations)?

Yes No *If "Yes", please explain. If additional information is to be provided, please use a supplemental attachment indicating that it is a response for items provided, please use a supplemental attachment indicating that it is a response for item number 15.*

16. Is this application for an ABC License submitted for a Club? Yes No

If Yes, indicate the date of the CLUB Chapter. _____

How are the members of the CLUB selected? _____

How are the membership dues paid? _____ Amount of Dues \$ _____

ATTACH A ROSTER OF REGULAR BONA FIDE MEMBERS OF THE CLUB TO THIS APPLICATION.

How are the CLUB officers selected? _____

Indicated the Names, Titles, and OCCUPATIONS of all CLUB officers.

Name:	Title:	Occupation:	Signature:
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17. If applicant is a Corporation, LLC, LLP give the names of corporate officials, titles, and occupations of each including the managers: also supply the names of stockholders and the number of aggregate shares held by each.

CORPORATION OFFICIALS/MANAGER

Name:	Title:	Occupation:	Signature:
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Note: for the names and numbers of shares on stockholders, attach itemized listing.

18. If applicant is a partner, give the names of the partners and list the interest of each partner.

Name:	Interest of Business	Signature:
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If additional space is needed, attach supplemental sheet and indicate if the response is for 16 or 17.

This affidavit is to be signed in the presence of the authorized person administering the oath and on the date attested to for the within instrument.

Submitted for by an Individual, Partnership, Club or Association sign the following oath:

I/We _____

Being first duly sworn, according to the law, depose and say that I/We are the sole true owner(s) of the business mention in the foregoing application and that the statements and answers made therein are true and correct.

OR

Submitted for a Corporation, LLC, LLP, Sign the following oath:

_____, being first duly sworn according to the law depose and say that I am the _____ of the _____, _____

(Official Title)

(Corporation Name)

(DBA)

a corporation, LLP, LLC duly organized and authorized by law to do business in Guam, that said organization is the sole owner of the business mention in the foregoing application, and that the statements and answers made therein are true and correct.

Signed 1: _____

Signed 2: _____

State of _____

Country of _____ SS. _____

Subscribed and sworn before me on _____ of _____, 20 _____.



(Notary)

Note: Evidence of Authority to sign on behalf of the corporation, LLP, LLC, Must be Attached.



Dipåtamenton Kontribusion yan Adu'aña

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 MANSAPIT-SHIMIZU, Director

Direktot

MARIE P. LIZAMA, Deputy Director

Sigundo Direktot

Attachment "A": Personal History

Name:

(Last)

(First)

(Middle / Maiden)

Nicknames/Aliases:

Date of Birth:

Sex:

Marital Status:

Place of Birth:

Phone#:

Guam D.L.#:

SSN:

PP#:

Citizenship: U.S. Other: (Specify) _____ Alien Registration No.: _____

How long has applicant resided on Guam? _____ If a naturalized citizen, where did naturalization take place: _____

Naturalization Document No.: _____

List all employers for the past then (10) years, starting with most recent/current. If required, add an addition page to complete employment.

Period

Name of Employer

Employer's Address

1. _____
2. _____
3. _____
4. _____
5. _____

Has the applicant ever applied for a liquor license before the ABC Board? Yes No *If, Yes, Give Details*

Has the applicant ever held a liquor license anywhere, other than in Guam? Yes No *If, Yes, Give Details*

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

(Applicant)

POLICE CLEARANCE

Police Clearance must accompany application and SHALL NOT EXCEED THIRTY (30) DAYS from issuance. Should the Police Clearance state that the applicant have/has had an infraction, a letter from Supreme Court of Guam Probation Office is required stating that the applicant has had successfully met all requirements.

NOTARY

Notary must be used if applicant cannot physically be present upon submission of the application. (Example: If applicant is off-Island or if the application is being submitted by a processor.)

State of _____

Country of _____ SS. _____

Subscribed and sworn before me on _____ of _____, 20 _____.

Notary Stamp

(Notary)



Dipåtamenton Kontribusiyan Adu'ána

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Sigundo Direktot

Attachment "B": Vicinity Map

Please show landmarks, street names, nearby buildings and businesses and any others significant sites that will assist the our branch in locating your establishment.

Doing Business As (DBA):

Phone No.:

Applicant:

Location:



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Attachment "C": Floor Plan

In lieu of this floor plan, a formal construction floor plan may be submitted provided all applicable equipment, rooms, furnitures, appliances, ect., are shown and labeled. Provide the dimensions of the building where the alcoholic beverage sales will be confined and restricted to upon the issuance of a ABC Board sanctioned license.

Doing Business As (DBA):

Applicant:

It is hereby declared that the above attached illustrations and responses for items are true and correct reflections of the (proposed) alcoholic beverage consumption area, the access entrances are/or exits, and boundaries of this application for the ABC License. This declaration/certification is made by the undersigned applicant under the penalty of perjury. The undersigned applicant furtuer declares that he/she has set his or her hand and executed his/her signature on the within

Compliance Use Only

Inspected On: _____

Certified Corrected By: _____

Signature of Applicant

Date: