Alcoholic Beverage License Renewal Form

Required:

1. [ ] Business License
2. [ ] Sanitary Permit
3. [ ] A copy of valid “Identification Document” for all licensee(s)
4. [ ] Modification/Updates to any files on record

Payment:

ABL Number: __________________ Class: __________ Kind/Type: __________________ Fee: $________________________

Date Recorded: __________________ Official Receipt Number: __________________ Amount: $________________________

Check Date: ______________ Payer: __________________ Bank ______________ Check Number: __________________

Licensee must answer all questions fully and accurately. If a question does not apply type or print “N/A”

1. Applicant/License Issued to: ________________________________________________________________
2. Doing Business As (DBA)/Trade Name: _______________________________________________________
3. Business Organization: [ ] Sole [ ] Partnership [ ] Corporation [ ] LLC [ ] LLP [ ] Club[ ] Other____________________
4. Location: Lot & Block Number: _____________________________________________________________
5. Mailing Address: _______________________________________________________________________
   Mobile: __________________ Email: __________________

7. Is the name of applicant of the Real Party Interest? [ ] Yes [ ] No
8. Are all Business Licenses in the name of Real Party Interest? [ ] Yes [ ] No
    If “no”, indicate the name of person(s) that is/are the Real Party in interest below;
    _____________________________________________________________________________________
    _____________________________________________________________________________________

Notary MUST be used if applicant cannot physically be present upon submitting the application.
(Example: If applicant is off-island or if an application is being submitted by a processor.)

If applicant is for Sole, Partnership, Corporation, LLC, LLP, Club, or Other, Sign the following oath:

______________________________________, being first duly sworn according to the law, dispose and say that i am the
(Name of Official) of the
(Official Title) [ ]Sole, [ ]Partnership, [ ]Corporation, [ ]LLC, [ ]LLP, [ ]Clubs, [ ]Other
(Doing Business As (DBA))

Duly organized and authorized by law to do business in/or Guam, that said above is the owner of the business mentioned in the foregoing renewal application, required documents submit here with and the statements and answers made therein are true and correct.

Owner’s Signature: __________________________________________________________

Processor’s Signature: ________________________________________________________

State of ____________________________, County of ________________________ SS.

Subscribed and sworn before me on ___________________________ ____________________, 20 ______________.

(Day) (Month) (Year)

______________________________

(Notary)