



## Alcoholic Beverage Wholesale License Renewal Form

-----For Official Use Only-----

**Required:**

- Sanitary Permit       Copy of Valid I.D. for all licensee(s)       Modification/Updates to any files on record
- Inventory List       Business Privilege Tax (GRT) Branch Clearance       Collection Branch Clearance



**Payment:**

ABL Number: \_\_\_\_\_ Class: Three (3) Kind/Type: Wholesaler Fee: \$ \_\_\_\_\_.

Date Recorded: \_\_\_\_\_ Official Receipt Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_.

Check Date: \_\_\_\_\_ Payer: \_\_\_\_\_ Bank \_\_\_\_\_ Check Number: \_\_\_\_\_

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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: \_\_\_\_\_
6. Licensee's Contact Information: Business: \_\_\_\_\_ Home: \_\_\_\_\_  
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, depose 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 \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(Day) (Month) (Year)



\_\_\_\_\_  
(Notary)