



DEPARTMENT OF REVENUE & TAXATION

GOVERNMENT OF GUAM

P.O. BOX 23607 BARRIGADA, GU 96921 • TEL: 671-635-1828/9 • FAX: 671-633-2643

MEMORANDUM

DATE

To: Director of Revenue and Taxation

From: _____ Acct. No.: _____

Subject: Application for:

Cancellation Expiration Date: _____

Amendment of license to read: _____

Relocation of business establishment to: _____

_____ from: _____

Request is hereby made that the business license engaged in business of:

_____ situation on _____

Be:

CANCELLED

AMENDED

RELOCATED

SIGNATURE(S) OF APPLICANT

Endorsement required from:

RELOCATION/ AMENDMENT

TAX CLEARANCES

Dept. of Land Management

Business Privilege Tax (GRT)

Public Works-Bldg. Permit Section

Income Tax/W-1

Guam Fire Department

Collections

Public Health & Social Services

Business License Branch

NOTE: MUST BRING IN CURRENT BUSINESS/TOBACCO LICENSE(S)

FOR OFFICIAL USE ONLY

Returned

Approved

Disapproved

Remarks: _____

Director of Revenue & Taxation