



FORM BL-01
NEW BUSINESS LICENSE APPLICATION
 DEPARTMENT OF REVENUE AND TAXATION
 P.O. BOX 23607, GMF GUAM 96921

UBL NO.
 (ASSIGNED BY DRT)

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NOTE: Forms which are incomplete will not be processed.

(AUTHORITY: TITLE XI. GOVERNMENT CODE OF GUAM)

CLEARANCE REQUIRED AT BUSINESS LICENSE & PERMIT CENTER (COMPLETED BY DRT)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Dept. of Land Management | <input type="checkbox"/> Guam Visitor's Bureau | <input type="checkbox"/> Other | <input type="checkbox"/> DRT Real Property |
| <input type="checkbox"/> Dept. of Public Works | <input type="checkbox"/> Dept. of Parks & Recreation | <input type="checkbox"/> ISBRE Branch | <input type="checkbox"/> MVD |
| <input type="checkbox"/> Guam Fire Department | <input type="checkbox"/> GDOE | <input type="checkbox"/> GRT | <input type="checkbox"/> Compliance |
| <input type="checkbox"/> Dept. of Public Health & Social Services | <input type="checkbox"/> Board of Licensure/Cosmetology | <input type="checkbox"/> Income Tax/W-1 | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Contractor's License Board | <input type="checkbox"/> Guam Police Department | <input type="checkbox"/> Collections | |

SSN _____	CELL PHONE NO. _____	GRT ACCT NO. (Assigned by DRT)	OFFICIAL BLB COMMENTS
SSN _____	OFFICE NO. _____		
EIN _____	E-MAIL ADDRESS _____		

APPLICANT PLEASE NOTE: Every license issued under this Authority shall be deemed to be personal and may not in any circumstances be transferred to any other person. A separate application must be filed for each Business Activity. There must be a license for each separate business location.

FULL NAME OF APPLICANT/TYPE OF ENTITY (SOLE PROPRIETOR, CORPORATION, LLC)	REGISTRATION NO.
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MAILING ADDRESS _____

BUSINESS LOCATION (LOT, BLOCK & STREET ADDRESS) _____

DESCRIPTION OF BUSINESS ACTIVITY _____

DOING BUSINESS AS (BUSINESS, TRADE OR FICTITIOUS NAME) _____

TYPE OF ORGANIZATION (CHECK ONE ONLY)		CHECK ONE ONLY	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> HOME INDUSTRY
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/> RETAIL	<input type="checkbox"/> HAND MANUFACTURE
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> SERVICE	<input type="checkbox"/> COIN VENDING
<input type="checkbox"/> LIMITED PARTNERSHIP		<input type="checkbox"/> SERVICE RENTAL	<input type="checkbox"/> MACHINE MANUFACTURE
			<input type="checkbox"/> TEMPORARY

APPLICANT REAL PARTY INTEREST	IF NOT, LIST NAME AND ADDRESS
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

I CERTIFY UNDER PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 SIGNATURE OF APPLICANT

 DATE

 TITLE OR CAPACITY

FOR BUSINESS LICENSE AND REGISTRATION BRANCH USE ONLY

APPLICANT REAL PARTY INTEREST	REMARKS	DATE
<input type="checkbox"/> APPROVED	_____	_____
<input type="checkbox"/> DISAPPROVED	_____	
BUSINESS LICENSE NO. ISSUED	_____	



Dipåtamenton Kontribusion yan Adu'ána

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
MICHELE B. SANTOS, Deputy Director
Sigundo Direktot

Updated 11/17/2020

Good Moral Character Questionnaire General Licensing and Registration Branch – Regulatory Division

It is required by those applicants wishing to obtain a business license to answer the following questions:

- 1) Have you ever been licensed to operate a business? [] YES [] NO
a. If yes, please explain: _____

- 2) Have you ever had a business license cancelled, suspended, or revoked? [] YES [] NO
a. If yes, please explain: _____

- 3) Have you ever been refused a business license for any reason? [] YES [] NO
a. If yes, please explain: _____

- 4) Have you ever been arrested for any violation of the law other than a minor traffic violation? [] YES [] NO
a. If yes, please state the violation and results of the court action: _____

- 5) Are there any reasons other than the above which may preclude you from being issued a business license? [] YES [] NO
a. If yes, please explain: _____

I SWEAR that the following information I have provided herein is true and correct to the best of my knowledge and belief.

Applicant Name **(Please print name)**

Applicant **Signature**

Date

NOTE: The above questions must be completely answered before issuance or approval of your business application.