



Dipåttamenton Kontribusiyon yan Adu'ånå

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'håga  
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'låhi

DAFNE Mansapit SHIMIZU, Director  
Direktot  
MARIE LIZAMA, Deputy Director  
Sigundo Direktot

<h1>TAXI</h1>	<h2>OWNER</h2>
	NEW _____ RENEWAL _____
<b>APPLICANT:</b> _____ <b>DATE:</b> _____ <b>NAME:</b> _____ <b>ADDRESS:</b> _____	<b>INCOME TAX BRANCH</b>
<b>DBA:</b> _____ <b>SSN/GRT NO.</b> _____	<b>BUSINESS PRIVILEGE TAX/GRT</b>
<b>TYPE:</b> ____ CORPORATION ____ SOLE PROPIERTOR ____ PARTNERSHIP ____ OTHER _____	<b>COLLECTION BRANCH</b>
<b>CERTIFICATION:</b> I, Certify that the information provided herein are true and correct to the best of my knowledge. I, further certify that I have reasonable knowledge of the <b>TAXICAB RULES AND REGULATIONS</b> and provisions thereof. <b>SIGNED:</b> _____	<b>BUSINESS LICENSE BRANCH</b>
<b>COMMENTS:</b>	<b>WEIGHTS AND MEASURES BRANCH</b>
<b>NECESSARY CLEARANCE:</b> ____ Traffic Clearance ____ Police Clearance ____ 4 Passport Photos / 1 Taxicab Photo ____ Taxicab Insurance Policy ____ Medical Clearance	
<b>OTHER ITEMS REQUIRED:</b> ____ Fire Extinguisher ____ Taxi Fare Card ____ Receipt Book	