

# FUNDRAISING APPLICATION

Department of Revenue & Taxation

Government of Guam

P.O. Box 23607 Barrigada, Guam 96921



AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended by PL 14-140 Eliminating Any Form of Casino Gambling

Name of Entity: (As submitted with the Business License Branch)

Charter No:

EIN:

Contact's Name & No:

Tax Exemption No. & Date Approved:

Mailing Address:

Registration Date of Entry:

Location of Activity: (Must include Lot, Block, and Physical Address)

Activity:  Bingo  Raffle  Lottery Hours of Operation:

Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)

Fictitious Name: (DBA)

Proceeds to benefit: (Check

- Educational  Charitable  Civic  
 Religious  Fraternal  Other:

Type of Organization: (Check only one)  Club  Nonprofit Corporation  Association  Other

Name of three (3) persons who shall be responsible for the operations activity and the use to which the net proceed will be applied.

Name (First, Last)

Title:

Home Address:

Signature:

Name (First, Last)

Title:

Home Address:

Signature:

Name (First, Last)

Title:

Home Address:

Signature:

I declare under the PENALTY OF PERJURY under the laws of Guam, the above information is true complete and correct to the best of my knowledge.

State of: \_\_\_\_\_

\_\_\_\_\_  
(Name & Signature of Authorized Rep)

Country of: \_\_\_\_\_

\_\_\_\_\_  
(Mailing address of Authorized Rep)

Subscribed and Sworn before me on \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public in and for the Territory of Guam)

My Commission Expires: \_\_\_\_\_

## FOR USE BY GENERAL LICENSING AND REGISTRATION BRANCH (DO NOT WRITE BELOW)

Approved  Disapproved

Reason for Disapproval:

Form of Identification and ID No.:

Date: