

FORM BL-01/NEW BUSINESS LICENSE APPLICATION

DEPARTMENT OF REVENUE AND TAXATION

P.O. BOX 23607, GMF GUAM 96921



UBL NO.

(AUTHORITY: TITLE XVII. GOVERNMENT CODE OF GUAM)

CLEARANCE REQUIRED AT BUSINESS LICENSE & PERMIT CENTER

- | | | | |
|---|---|---|--|
| <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.	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.

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

- YES
 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

- APPROVED _____
- DISAPPROVED _____
- BUSINESS LICENSE NO. ISSUED _____