



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Form DRT-CELA

CANNABIS ESTABLISHMENT LICENSE APPLICATION

FOR OFFICIAL USE ONLY

Application Control No.:

APPLICATION CHECKLIST

1. Financial Statements of every owner, partner, shareholder, and member. Utilize attached form *DRT-FS1*, including auditors reports and footnotes, if applicable.
2. List total amount of money to start-up, purchase or make changes to your business and identify where the money is coming from that you are using to fund the business. Utilize attached form *DRT-TCSF*.
3. Personal History of every owner, partner, shareholder, and member. Utilize attachment "A": Personal History form.
4. Required clearances for every owner, partner, shareholder, and member:

Guam Police Department	Superior Court of Guam
Attorney General of Guam	
5. Copy of the administrative business license.
6. Organizational Chart, including identity and ownership percentage.
7. Organizational documents including identity and physical address of the Responsible Official in Guam.

Organizational Documents (Indicate which document is being provided)			
Articles of Incorporation	By-Laws	Shareholder Agreement	N/A (Sole Proprietor)
Articles of Organization	Operating Agreement	Partnership Agreement	
8. Verification of the permitted use of the premises, including:

Map from the Department of Land Management				
Affirmation from the Department of Land Management				
Certified letter from the Department of Land Management				
Deed	Lease	Sublease	Rental Agreement	Contract
9. A copy of any contracts, agreements, equipment leases, financing agreement, security contract.
10. A copy of any management agreement(s).
11. Provide a list of any sanctions, penalties, assessments or cease and desist orders.
12. Provide a Vicinity Map showing landmarks, street names, nearby buildings and businesses and any other significant sites that will assist the Compliance Branch in locating the proposed address of your establishment. Utilize attachment "B": Vicinity Map form.
13. Payment Options: Acceptable payment in CASH or CHECK only to be paid at the TREASURER OF GUAM. As defined in 3 GAR CH.9 § 9201. Fees. (d) All fees are non-refundable.

NOTE: APPLICABLE DOCUMENTS MUST BE SIGNED PRIOR TO SUBMISSION TO GUAM DEPARTMENT OF REVENUE & TAXATION (DRT).

Incomplete applications will not be processed.

AFFIRMATION OF COMPLETE APPLICATION

SIGNATURE

PRINT NAME

DATE



Dipåtamenton Kontribusion yan Adu'ána
**DEPARTMENT OF
 REVENUE AND TAXATION**
 GOVERNMENT OF GUAM Gubetnamenton Guåhan

Form DRT-CELA

CANNABIS ESTABLISHMENT LICENSE APPLICATION

This Cannabis Establishment License Application Form is an official document. If you provide false information on your cannabis application, and/or do not disclose all information the application asks, your application may be denied. The Compliance Branch will conduct a complete background investigation and will check all sources of information.

NOTE: The approved Responsible Official (R.O.) of the establishment is responsible for completing this application in its entirety and submitting all required documents. Type or clearly print, in English, and answer every question. If a question does not apply, indicate with an N/A. An applicant is prohibited from operating a cannabis establishment prior to obtaining all necessary approvals or licenses. Change of information will **not** be accepted until after the license is issued. 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 filled for each establishment license. There must be a license for each separate establishment location. Cannabis establishment license is valid for one (1) year from date of issuance.

APPLICATION SUBMITTAL

- 1 The application must be completed in **full**. Incomplete applications will not be processed.
 The Responsible Official (R.O.) must pick up the incomplete application from the Guam Department of Revenue & Taxation within one (1) business day of advisement.
- 2 All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.
- 3 The Responsible Official (R.O.) must provide one complete copy of the required documents or be assessed a fee of \$1.00 per page.
- 4 Applications must be submitted in person with all attachments/documents to:
 Guam Department of Revenue & Taxation - Compliance Branch
 1240 Army Drive, Route 16
 Barrigada, Guam 96913

APPLICATION PROCESS

- 1 If application is completed, investigation of applicant and premises will be conducted within thirty (30) days of receipt of application.
- 2 If applicant and premises is qualified for licensing, a generated investigation report and recommendations will be forwarded with the application to the Cannabis Control Board for consideration.
- 3 After board approval, license will be issued within five (5) business days.
- 4 Responsible Official to apply for Permit to Operate.

CANNABIS ESTABLISHMENT LICENSE CLEARANCE FORM REQUIRED (with certified documents)

- | | |
|---|----------------------|
| Department of Land Management | Guam Fire Department |
| Department of Public Works | Other: _____ |
| Department of Public Health & Social Services | |
| Guam Waterworks Authority | |

DO NOT COMPLETE THIS PORTION - FOR COMPLIANCE BRANCH USE ONLY

COMPLIANCE CHECKLIST

- | | |
|---|--|
| All Parties Attachment "A": Personal History Form | All Parties Attorney General Clearance |
| Attachment "B": Vicinity Map (Licensed Premises) | All Parties Proof of Identity and Age Verification (Must be 21 years of age) |
| Title/Deed | All Parties Proof of Guam Residency |
| Notarized Lease Agreement | Sole Proprietorship |
| Rental Agreement | Articles of Incorporation |
| Contract Agreement | Partnership Agreement for Partnership |
| Sublease Agreement | By-Laws |
| All Parties Police Clearance | Organizational Chart |
| All Parties Court Clearance | |

Applicant's Initial:



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Form DRT-CELA

CANNABIS ESTABLISHMENT LICENSE APPLICATION

FULL NAME OF RESPONSIBLE OFFICIAL	CANNABIS IDENTIFICATION CARD NO.
-----------------------------------	----------------------------------

PHYSICAL ADDRESS

MAILING ADDRESS

PHONE NO.	EMAIL ADDRESS
-----------	---------------

APPLYING FOR (Check One Only)	APPLICATION FEE	NEW LICENSE FEE
Type I Cultivation Facility License: for cultivation of 0 to 500 square feet of canopy	\$500.00	\$500.00
Type II Cultivation Facility License: for cultivation of 501 to 2,500 square feet of canopy	\$2,000.00	\$3,000.00
Type III Cultivation Facility License: for cultivation of 2,501 to 5,000 square feet of canopy	\$3,500.00	\$5,000.00
Type IV Cultivation Facility License: for cultivation of 5,001 to 10,000 square feet of canopy	\$5,000.00	\$10,000.00
Cannabis Product Manufacturing Facility License	\$3,000.00	\$4,000.00
Cannabis Testing Facility License	\$2,000.00	\$2,000.00
Retail Cannabis Store License	\$5,000.00	\$5,000.00

ESTABLISHMENT INFORMATION

Sole Proprietorship	Limited Liability Company	Partnership	Other: _____
Corporation	Limited Liability Partnership	Limited Partnership	

APPLICANT (FULL NAME OF CANNABIS ESTABLISHMENT)	EMPLOYER IDENTIFICATION NO. (EIN) / SOCIAL SECURITY NO. (SSN)
---	---

DOING BUSINESS AS (DBA)	GROSS RECEIPT TAX NO.
-------------------------	-----------------------

IF A CORPORATION, LIST ALL JURISDICTIONS WHERE THE CORPORATION IS AUTHORIZED TO DO BUSINESS

PHYSICAL ADDRESS

LOT NO. & BLOCK NO.

DESCRIPTION OF THE BUILDING ON THE ABOVE LOT WHERE THE CANNABIS TRANSACTIONS ARE TO BE MADE (eg. concrete, wood, tin, single or multi story, building color, etc.)

MAILING ADDRESS

PHONE NO.	EMAIL ADDRESS
-----------	---------------

DO NOT COMPLETE THIS PORTION - FOR COMPLIANCE BRANCH USE ONLY

LICENSE NO.	RECEIPT NO.	PAYER
-------------	-------------	-------

DATE RECEIVED	BANK/CHECK NO.	AMOUNT	REMARKS
---------------	----------------	--------	---------

List all owners, members, and Responsible Officials. All must be twenty-one (21) years of age or older.

No.	Name	Title	Signature	Required Documentation						
				Attachment "A" Personal History	Proof of Identity & Age Verification	Proof of Guam Residency	Attorney General of Guam Clearance	Police Clearance & Court Clearance		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Under penalties of perjury, I declare that I have examined the above statements, and to the best of my knowledge and belief, they are true, correct, and complete. A false statement may be a reason for my application to be denied. Furthermore, I understand, acknowledge, and meet the requirements set forth in 3 GAR, Chapter 9, Subsection 9208. Requirements for a Cannabis Establishment License, and Subsection 9210. Applying for a Cannabis Establishment License.

APPLICANT'S SIGNATURE: _____ DATE: _____

ACTION BY THE GUAM CANNABIS CONTROL BOARD:
 APPROVED DISAPPROVED

REMARKS: _____

DATE: _____ CHAIRPERSON _____



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Attachment "A": Personal History

Name: _____

Nicknames/Aliases: _____ (Last) Date of Birth: _____ Gender: _____ (First) Marital Status: _____ (Middle / Maiden) Place of Birth: _____

Phone No.: _____ Type of ID: _____ Driver's License No. _____ State ID No. _____ Passport No. _____ SSN: _____

Citizenship: U.S. Other: (Specify) _____ Alien Registration No.: _____

How long has applicant resided on Guam? _____ If a naturalized citizen, where did naturalization take place: _____

Naturalization Document No.: _____

List all employers for the past ten (10) years, starting with most recent/current. If required, add additional page to complete employment history.

Period	Name of Employer	Employer's Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Has the applicant ever applied for a Cannabis Establishment License before the Guam Cannabis Control Board? Yes No If, Yes, Give Details

Has the applicant ever held a Cannabis Establishment License anywhere, other than in Guam? Yes No If, Yes, Give Details

I certify that all statements above made by me and on any sheet attached hereto are true and correct.

(Applicant)

NOTARY

Notary must be used if applicant cannot physically be present upon submission of the application.
(Example: If applicant is off-Island or if the application is being submitted by a processor.)

State of _____

Country of _____ SS. _____

Subscribed and sworn before me on _____ of _____, 20 _____.

Notary Stamp

(Notary)



Dipåtamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Attachment "B": Vicinity Map

Please show landmarks, street names, nearby buildings and businesses and any others significant sites that will assist the Compliance Branch in locating the proposed address of your establishment.

Doing Business As (DBA):

Phone No.:

Applicant:

Location:

It is hereby declared that the above attached illustrations and responses for items are true and correct reflections of the (proposed) licensed cannabis area, the access entrances are/or exits, and boundaries of this application for the Cannabis Establishment License. This declaration/certification is made by the undersigned applicant under the penalty of perjury. The undersigned applicant further declares that he/she has set his or her hand and executed his/her signature on the within.

Compliance Branch Use Only

Inspected On: _____

Signature of Applicant

Certified Corrected By: _____

Date:



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Form DRT-FS1

FINANCIAL STATEMENT FORM

Complete this statement in its entirety with all of your assets and liabilities, including those held through another business or entity. If a section does not apply, enter NA. If more space is needed for any section below, attach additional sheets in the same format.

Last Name		First Name		Middle	
Contact Information					
Home mailing address	Street or route	City	County	State or country	Zip code
Day/cell phone	Evening phone		Email address		

A Annual income (all household)	Amount
Salary (include spouse & other household salaries)	\$
Other income (rental, investment interest, bonus, commission)	\$
Total Income	\$

ASSETS

B Checking and saving account			
Bank name	Account number	Balance	Authorized signers
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

C Stocks, bonds, mutual funds, IRAs, 401K, or other investment accounts			
Company	Investment type	Account number	Balance
			\$
			\$
			\$

D Monies owed to you (i.e. from a promissory note or accounts receivable)			
From whom (full name and phone number)	Current balance	Monthly payment	Date acquired
	\$	\$	
	\$	\$	
	\$	\$	

Applicant's Initial:

E Businesses or other business investments			
Business/investment name	Fair market value	Annual revenues	Date acquired
	\$	\$	
	\$	\$	
	\$	\$	
F Real estate			
Property address (street, city, state and zip)	Purchase price	Name on title	Mortgage balance
	\$		\$
	\$		\$
	\$		\$
G Mortgages, leases or contracts (paid to you/receivable)			
Property address (street, city, state and zip)	Full name of Debtor	Monthly payment	Current balance
		\$	\$
		\$	\$
		\$	\$
H Automobiles, boats or other vehicles (industrial, recreational, farm)			
Make, model, description, year	Date acquired	Name on title	Fair market value
			\$
			\$
			\$
			\$
I Other Assets:			
Description	Purchase Price	Fair market value	
	\$	\$	
	\$	\$	
	\$	\$	

LIABILITIES

J Taxes owed, contract obligations				
To whom (Full name and phone number)	Current balance	Monthly payment	Due date	
	\$	\$		
	\$	\$		
	\$	\$		
K Consumer debts, student loans, credit cards, auto payments (personal debt other than mortgages)				
Type of debt	Name of lender	Current balance	Monthly payment	Due date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Applicant's Initial:

L Leases, mortgages and contracts owing (paid by you/payable including rental payments)				
Property address (street, city, state and zip)	Full name of lender/landlord	Current balance	Monthly payment	
		\$	\$	
		\$	\$	
		\$	\$	
M Court ordered payments (Child support, collections, etc.)				
To whom	Original amount	Date of order	Monthly payment	Current balance
	\$		\$	\$
	\$		\$	\$
N Other Liabilities:				
Description			Current balance	
			\$	
			\$	
			\$	
Additional financial information				
<p>- Any "Yes" answers to the questions below must be explained with supporting documents.</p> <p>- Click "Yes" at the bottom of this page to attach your explanation, along with copies of court papers or other supporting documentation.</p>				
1.	Is anyone a guarantor, endorser or co-signer on any of your personal or business debts, contracts, leases or other liabilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you delinquent in any taxes or fees owed to the Territory of Guam as an individual or as part of any entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are you delinquent in the payment of any child support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been denied an application or had a license revoked for a privileged or professional license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, please include the type of license(s) and license number(s) with your supporting documents.</p>				
Certification				
<p>I certify that this Financial Statement (pages 1, 2, and 3) represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.</p>				
Signature X		Date signed		

Continuation Sheet Attached? **YES** **NO**

Only attach explanations to answering "yes" to any of the questions above or if you need additional sheets for assets and liabilities



Form DRT-ARI

Authorization to Release Information

I, _____, hereby authorize the Guam Department of Revenue and Taxation (DRT), Compliance Branch, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of local or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of local or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, Guam, Investigatory Agencies, and other agents or employees of the Guam DRT shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to Guam, Investigatory Agencies, and other agents or employees of the Guam DRT for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner(s)/Principal(s) clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date (MM/DD/YY)
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date (MM/DD/YY)
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date (MM/DD/YY)
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date (MM/DD/YY)

Confidential Document: This document is the property of the Guam Department of Revenue and Taxation and the Compliance Branch, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Department or Licensing Authority.

Note: If there are more than four (4) owners, please use a second Authorization to Release Information page.



Dipattamenton Kontribusion yan Adu'ana

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Form DRT-ARI

Applicant's Request to Release Information

TO: (Leave this Blank)

FROM: (Applicant's Printed Name)

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Compliance Branch whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Compliance Branch to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Compliance Branch be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Compliance Branch, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - a. To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;
 - c. To place the name of the agent presenting this request in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. The above named applicant has filed with the Cannabis Licensing Authority an application for a Cannabis license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.
8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Legal Business Name

Trade Name (DBA)

Applicant's Last Name (Please Print)

First Name

Full Middle Name

Signature

Date



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Form DRT-TCSF

TOTAL COSTS AND SOURCE OF FUNDS FORM

Total Costs

List total amount of money to start-up, purchase or make changes to your business.

\$

Source of Funds

Identify where the money is coming from.

Detail each source(s) and dollar amount of where the money is coming from that you are using to fund the business (include the name of any financial institution(s), credit card lender or Investment Company)

Source	Account Number	Amount Contributing

Total: \$

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for rejection of my application and/or revocation of any license granted. I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.

PRINT NAME _____

SIGNATURE _____

DATE _____

Continuation Sheet Attached? YES NO