



Dipåtamenton Kontribusion yan Adu'aña

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 P. LIZAMA, Deputy Director
Sigundo Direktot

09.2022

Form DRT-CELA

CANNABIS ESTABLISHMENT LICENSE APPLICATION

APPLICATION CHECKLIST

FOR OFFICIAL USE ONLY

Application Control No.:

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



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09.2022

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

Attachment "B": Vicinity Map (Licensed Premises)

Title/Deed

Notarized Lease Agreement

Rental Agreement

Contract Agreement

Sublease Agreement

All Parties Police Clearance

All Parties Court Clearance

All Parties Attorney General Clearance

All Parties Proof of Identity and Age Verification (Must be 21 years of age))

All Parties Proof of Guam Residency

Sole Proprietorship

Articles of Incorporation

Partnership Agreement for Partnership

By-Laws

Organizational Chart

Applicant's Initial:



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09.2022

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
Corporation		Limited Liability Partnership	Limited Partnership
Other: _____			
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									
1				Attachment "A" Personal History		Proof of Identity & Age Verification		Proof of Guam Residency		Attorney General of Guam Clearance		Police Clearance & Court Clearance	
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. I certify that I understand 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 and that I meet all requirements.													
APPLICANT'S SIGNATURE:										DATE:			
ACTION BY THE GUAM CANNABIS CONTROL BOARD:													
APPROVED DISAPPROVED													
REMARKS:													
DATE:													
CHAIRPERSON													



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09.2022

Attachment "A": Personal History

Name:

(Last)

(First)

(Middle / Maiden)

Nicknames/Aliases:

Date of Birth:

Gender:

Marital Status:

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)



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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: _____



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08.2022

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

- Any "Yes" answers to the questions below must be explained with supporting documents.

- Click "Yes" at the bottom of this page to attach your explanation, along with copies of court papers or other supporting documentation.

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

If yes, please include the type of license(s) and license number(s) with your supporting documents.

Certification	
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.	
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



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08.2022

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