



DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Form DRT-CICA

CANNABIS IDENTIFICATION CARD APPLICATION

FOR OFFICIAL USE ONLY

Application Control No.:

APPLICATION CHECKLIST

1. Application Fully Completed

The applicant 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 "N/A." If more space is needed for any section below, attach additional sheets in the same format. **A separate application is required for EACH license type.**

2. License Type and License Fees

Responsible Official

New: One Thousand Dollars (\$1,000.00)

Designated Transporter

New: Two Hundred Dollars (\$200.00)

3. Proof of Identity and Identification

You MUST be twenty-one (21) years of age or older and a legal resident of Guam who has maintained continuous legal residential addresses(es) on Guam for a period of no less than three (3) years prior to the submitted application. You MUST provide a valid verification of identity as defined in 3 GAR CH.9 § 9101 (xxx) "Verification of Identity" by submitting the following:

- 1) Certified copy of birth certificate; and
- 2) Valid Guam driver's license; or
- 3) Valid Guam identification card; or
- 4) Photograph page in U.S. passport; or
- 5) Photograph page in foreign passport, as approved by the Director.

4. Clearances

Guam Police Department

Superior Court of Guam

Attorney General of Guam

5. Personal History

Utilize attachment "A" and "B" as applicable.

6. Financial Statements

Utilize attached form DRT-FS1, including auditors reports and footnotes, if applicable.

7. Payment Options

Acceptable payment in CASH or CHECK 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.

DO NOT COMPLETE THIS PORTION - FOR COMPLIANCE BRANCH USE ONLY

Date Received: _____

Receipt No.: _____

Amount Received: _____

Cannabis Fund Account Number: 107 (If other Revenue account is used, specify): _____
*As defined in 11 GCA CH.8 § 8113 (d) "Cannabis Fund"

1. Please Check One:

Responsible Official

Designated Transporter

2. Full Name of Applicant:

Last

First

Middle

3. Maiden/Married Names Used:

(Attach Separate Sheet if Necessary)

4. Nicknames, Aliases, Etc. Used:

(Attach Separate Sheet If Necessary)

5. Gender:

Male

Female

Non-binary

6. Race:

Asian

African American

Caucasian

Chamorro

Filipino

Hispanic/Latino

Native American

Native Hawaiian/Pacific Islander

Mixed Race (specify):

7. Date of Birth:

8. Social Security Number:

8. Height

9. Weight

10. Hair Color

11. Eye Color

10. Contact Information:

Home Phone No.: _____

Mobile Phone No.: _____

Email Address: _____ Other Contact No.: _____

Mailing Address: _____

(Include Unit or Apartment Number or Post Office Box Number)

City

State

Zip Code

Length of time at this address: _____

Year(s) | Month(s)

Physical Address: _____

(Include Unit or Apartment Number)

City

State

Zip Code

Length of time at this address: _____

Year(s) | Month(s)

Applicant's Initial:

11. Cannabis Establishment you will be representing:**Establishment Name:** _____**Work Phone No.:** _____**Cannabis Establishment License No.:** _____**Job Title:** _____

(If Established)

Mailing Address: _____

(Include Unit or Apartment Number or Post Office Box Number)

City**State****Zip Code****Physical Address:** _____

(Include Unit or Apartment Number)

City**State****Zip Code****12. Do you currently or have you ever been issued a Guam Cannabis Identification Card for a Cannabis Establishment?****Yes****No**

*If "yes", indicate identification card/card type and card number here: _____

13. Have you ever applied for a Cannabis Identification Card in this jurisdiction or any other jurisdiction, domestic or foreign, whether or not the identification card was ever issued? (Not to include your Medical Cannabis Patient Card)**Yes****No**

*If "yes", indicate jurisdiction, ID, expiration date, reason for disciplinary action, etc. explain here: _____

14. Have you ever been denied a cannabis license, withdrawn a cannabis license application or had any disciplinary action taken against any cannabis license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?**Yes****No**

*If "yes", indicate jurisdiction, ID, expiration date, reason for disciplinary action, etc. explain here: _____

15. Have you ever had a professional license or professional license application either individually or as part of an ownership group denied, withdrawn, or subjected to any administrative adjudicative proceedings or disciplinary action (i.e. denial, surrender revocation, stipulation, or settlement, withdrawal, or other penalties or sanctions)?

(If "Yes", give details on a separate sheet, including license number and dates license was held. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues)

Yes**No****Applicant's Initial:**

16. Provide a list of any professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the Cannabis Identification Card Application. List those that were issued by the Guam Department of Revenue and Taxation or any other Department/Regulatory Agency, including all cannabis licenses.

1	
2	
3	
4	
5	

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.

Applicant's Name: (Please print)

Last

First

Middle

Date

Applicant's Signature:

Date

Notice: This Cannabis Identification Card Application Form is an official document. The DRT Compliance Branch will conduct a complete background investigation and will check all sources of information. You are required to disclose all information.

1. With the exception of cannabis related offenses, in the 3 years immediately preceding this application have you ever been arrested, pled guilty, or had a judgment issued against you for a felony offense, including probation or parole? (Unless charge was to age 18 and was adjudicated as a juvenile)	Yes	No
2. Do you have an outstanding delinquency for any judgements, taxes, interest or penalties due to the Department of Revenue and Taxation?	Yes	No
3. Are you under twenty-one (21) years of age at the time of this application?	Yes	No
4. Are you an immediate family member of any person employed by any Government of Guam Regulatory Agency/Department? If "yes", please list: Name: _____ Department: _____ Title: _____ Name: _____ Department: _____ Title: _____ Name: _____ Department: _____ Title: _____	Yes	No
5. Are you a peace officer as defined in <i>Title 8 Guam Code Annotated, Chapter 5, Subsection 5.55</i>, or an employee with a Government of Guam Regulatory Agency?	Yes	No

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.

Applicant's Signature: _____	Date: _____
Action by the Cannabis Control Board: <div style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>	
Remarks: _____ _____ _____	
Date: _____ <div style="text-align: right; margin-right: 100px;"> _____ Chairperson </div>	



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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

08.2022

Attachment "A": Personal History

Name:

(Last)

(First)

(Middle / Maiden)

Nicknames/Aliases:

Date of Birth:

Sex:

Marital Status:

Place of Birth:

Phone#:

Guam D.L.#:

SSN:

PP#:

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 then (10) years, starting with most recent/current. If required, add an addition page to complete employment.

Period

Name of Employer

Employer's Address

1.

2.

3.

4.

5.

Has the applicant ever applied for a cannabis license before the Cannabis Control Board?

☐

Yes

☐

No

If, Yes, Give Details

Has the applicant ever held a cannabis 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)

POLICE CLEARANCE

Police Clearance must accompany application and SHALL NOT EXCEED THIRTY (30) DAYS from issuance. Should the Police Clearance state that the applicant have/has had an infraction, a letter from Supreme Court of Guam Probation Office is required stating that the applicant has had successfully met all requirements.

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)

**DEPARTMENT OF
REVENUE AND TAXATION**

GOVERNMENT OF GUAM

Gubetnamenton Guahan

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

**DEPARTMENT OF
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GOVERNMENT OF GUAM

08.2022

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

LOURDES A. LEON GUERRERO, Governor
Maga'haga
JOSHUA F. TENORIO, Lt. Governor Sigundo
Maga'láhi
DAFNE MANSAPIT-SHIMIZU, Director
Direktot
MARIE P. LIZAMA, Deputy Director
Sigundo Direktot

08.2022

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



Office of the Attorney General of Guam

590 S. Marine Corps Drive, Suite 901 ♦ Tamuning, GU 96913

Phone (671) 475-3324 ♦ Fax (671) 477-4703 ♦ ag@oagguam.org ♦ oagguam.org

Hon. Leevin Taitano Camacho

Attorney General of Guam

AG CLEARANCE REQUEST FORM

(AKA “CRIMINAL HISTORY CLEARANCE”)

A request for a Criminal History Clearance (CHC), also known as an “AG Clearance” will be processed, pursuant to 5 GCA §30119, upon receipt of the following:

- a) **Completed request form:** This form must be completed with all required information, including a Social Security Number (SSN). SSNs will not be released or used for any other purpose than to facilitate an accurate search.
- b) **Copy of valid photo identification** (Driver’s License, Government ID, Passport, etc.);
- c) **Proof of fee payment (Receipt):** A non-refundable fee of **Twenty Dollars (\$20.00)** can be made at any Treasurer of Guam (TOG). Once a request form is received, an payment slip will be issued to the applicant for presentation to TOG with payment.

SUBMISSION: Documents may be submitted by hand delivery to our office or by email to agclearances@oagguam.org. All information and documents must be submitted. Incomplete requests will **not** be processed.

DELIVERY: You will be notified once your clearance is completed. Clearances may be picked up or delivered by U.S. mail or e-mail. You may authorize another individual to receive your clearance by completing an “Authorization to Release Form.” Completed clearances not picked up within thirty (30) calendar days will be discarded. Any subsequent requests will be assessed the same fee as the initial request.

Full Legal Name (Please Print): _____

Social Security Number: _____ **Date of Birth:** _____

Mailing Address: _____

Email Address: _____

Contact Number(s): _____

Purpose: ☐ Employment ☐ Notary Public ☐ Base Access
 ☐ Firearms License ☐ Other: _____

Delivery Method: ☐ E-mail ☐ U.S. Mail ☐ Pick up ☐ Authorized person

Signature: _____ **Date:** _____

FOR OAG USE ONLY:

Date/Time Received:

Staff Received:

(date)

To: Attorney General's Office

Attn: Administration Division

Re: Authorization to Release

I hereby acknowledge that the Criminal History Clearance that is subject for release may contain confidential and privileged information in my name. I give my full consent and authorization to release the Criminal History Clearance to _____.

Dated this _____ of _____, 20____.

Applicant's Name (Print)

Applicant's Signature/Date

Received by:

Authorized Person's Name (Print)

Authorized Person's Signature/Date