



DEPARTMENT OF REVENUE AND TAXATION

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

)" Personal History

Utilize attachment "A" and [] and [] and [] and []

***" Financial Statements**

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

+" 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: <small>(Attach Separate Sheet if Necessary)</small>	4. Nicknames, Aliases, Etc. Used: <small>(Attach Separate Sheet If Necessary)</small>

5. Gender:	6. Race:
Male Female Non-binary	Asian Hispanic/Latino African American Native American Caucasian Native Hawaiian/Pacific Islander Chamorro Mixed Race (specify): _____ Filipino
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.

<p>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)</p>	Yes	No
<p>2. Do you have an outstanding delinquency for any judgements, taxes, interest or penalties due to the Department of Revenue and Taxation?</p>	Yes	No
<p>3. Are you under twenty-one (21) years of age at the time of this application?</p>	Yes	No
<p>4. Are you an immediate family member of any person employed by any Government of Guam Regulatory Agency/Department? If "yes", please list:</p> <p>Name: _____ Department: _____ Title: _____</p> <p>Name: _____ Department: _____ Title: _____</p> <p>Name: _____ Department: _____ Title: _____</p>	Yes	No
<p>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?</p>	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: _____
<p>Action by the Cannabis Control Board:</p> <p style="text-align: center;">[] Approved [] Disapproved</p>	
<p>Remarks: _____</p> <p>_____</p> <p>_____</p>	
Date: _____	<p style="text-align: center;">_____</p> <p style="text-align: center;">Chairperson</p>



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

07.2024

Attachment "A": Personal History

Name: _____

Nicknames/Aliases: _____	(Last) _____	Date of Birth: _____	Sex: _____	(First) _____	Marital Status: _____	(Middle / Maiden) _____	Place of Birth: _____
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Phone#: _____	Guam D.L.#: _____	SSN: _____	PP#: _____
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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

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



DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

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.



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)
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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
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Signature	Date
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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