DEPARTMENT OF REVENUE AND TAXATION 1240 Army Drive Route 16, Barrigada, Guam 96921



APPLICATION FOR RESERVATION OF NAME

	Name of Applicant: Contact Number:					
Address of App	olicant:					
Type of Entity: (Choose One)	() Partnership	() Domestic Corporation	() Limited Liability Company		() Sole Proprietor	
RESERVATION OF NAME (S)						
1st Choice		OF REL) Availabl	le () Not Available	
2nd Choice	2nd Choice		() Availabl	le () Not Available	
3rd Choice		L. L	() Availabl	le () Not Available	
I/WE understand that a fee of TWENTY-FIVE (\$25.00) U.S. Dollars is made payable to the TREASURER OF GUAM per reservation which is applicable when you are reserving a Corporate Name and or Doing Business As under a fictitious name (DBA). Fees are non-refundable and the reservation is good for One Hundred Twenty days only. It shall not be extended nor renewed by the same party (Applicant) listed above before or upon expiration. This application must be filed with the GENERAL LICENSING and REGISTRATION BRANCH. For information or inquiry regarding this form you may contact our office at (671) 635-1828 or 29.						
Signature of Representative:						
Date:						
Name reser						
Post Office Box 23607 Barrigada, Guam 96921. Telephone: (671) 635-1828 or 1829. Facsimile No: (671) 633-2643						