## Department of Revenue & Taxation Government of Revenue & Taxation Government of Guam P.O. Box 23607 Barrigada, Guam 96921 ## P.O. Box 23607 Barrigada, Guam 96921 #							
AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended by PL 14-140  Eliminating Any Form of Casino Gambling  Name of Entity: (As submitted with the Business License Branch)  EIN:  Contact's Name & No:  Tax Exemption No. & Date Approved:  Registration Date of Entry:  Location of Activity: (Must include Lot, Block, and Physical Address)  Activity: Bingo Raffle-Lottery  Hours of Operation:  Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)  Ficitious Name: (DBA)  Proceeds to benefit: (Check one only)  Glub Nonprofit Corporation Association Other:  Type of Organization: (Check only one)  Club Nonprofit Corporation Association Other:  Title:  Home Address:  Signature:  Name (First, Last)  Title:  Home Address:  Signature:  Will officers be compensated?  Yes No  Will you have volunteers to manage Bingo?  Yes No  TAX CLEARANCES	FUNDRAISING APPLICATION				· ·		SECTION REVENUE
Name of Entity: (As submitted with the Business License Branch)  Charter No:  Tax Exemption No. & Date Approved:  Tax Exemption No. & Date Approved:  Registration Date of Entry:  Location of Activity: (Must include Lot, Block, and Physical Address)  Activity: Bingo Raffle-Lottery Hours of Operation:  Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)  Fictitious Name: (DBA)  Proceeds to benefit: (Check one only)  Educational Charitable Civic  Religious Fraternal Other:  Type of Organization: (Check only one) Lotub Nonprofit Corporation Association Other  Name of three (3) persons who shall be responsible for the operationsactivity and the use to which the net proceed will be applied (Current Officers)  Name (First, Last)  Title:  Home Address: Signature:  Name (First, Last)  Title:  Home Address: Signature:  Will officers be compensated? Yes No Will you have volunteers to manage Bingo? Yes Mill you have paid employees to manage Bingo? Yes No  TAX CLEARANCES	AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended by PL						A STATE OF THE STA
Mailing Address:    Registration Date of Entry:					Charter No:		
Location of Activity: (Must include Lot, Block, and Physical Address)  Activity: Bingo Raffle-Lottery Hours of Operation:  Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)  Fictitious Name: (DBA) Proceeds to benefit: (Check one only) Charitable Civic Religious Fraternal Other:  Type of Organization: (Check only one) Club Nonprofit Corporation Association Other:  Name of three (3) persons who shall be responsible for the operationsactivity and the use to which the net proceed will be applied (Current Officers)  Name (First, Last) Title:  Home Address: Signature:  Name (First, Last) Title:  Home Address: Signature:  Will officers be compensated? Yes No Will you have volunteers to manage Bingo? Yes Mill you have paid employees to manage Bingo? Yes No TAX CLEARANCES	EIN: Contact's Name & No:			Tax Exemption No. & Date Approved:			
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Use to which the net proceed will be applied: (i.e. airfare, lodging, treatment, etc.)  Fictitious Name: (DBA)    Proceeds to benefit: (Check one only)   Educational   Charitable   Civic   Check one only   Charitable   Civic   Check one only   Charitable   Civic   Check one only   Charitable   Civic   Check only   Charitable   Civic   Check only   Charitable   Charitable   Civic   Check only   Charitable   Charitable   Civic   Check only   Charitable   Civic   Charitable   Civic   Check only   Charitable   Charitable   Civic   Check only   Charitable   Charitable   Charitable   Civic   Check only   Charitable	ocation of Activity: (Must include Lot, Block,	hysical Address)					
Fictitious Name: (DBA)    Proceeds to benefit: (Check one only)   Educational   Charitable   Civic   Religious   Fraternal   Other:  Type of Organization: (Check only one)   Club   Nonprofit Corporation   Association   Other  Name of three (3) persons who shall be responsible for the operationsactivity and the use to which the net proceed will be applied (Current Officers)  Name (First, Last)   Title:  Home Address:   Signature:  Name (First, Last)   Title:  Home Address:   Signature:  Will officers be compensated?   Yes   No   Will you have volunteers to manage Bingo?   Yes   Mother of the proceed will be applied (Current Officers)  Will you have paid employees to manage Bingo?   Yes   No   No   No   No   No   No   No   N	Activity: Bingo Raffle-Lottery			Hours of Operation:			
Educational   Charitable   Civic   Religious   Fraternal   Other:  Type of Organization: (Check only one)   Club   Nonprofit Corporation   Association   Other:  Name of three (3) persons who shall be responsible for the operationsactivity and the use to which the net proceed will be applied (Current Officers)  Name (First, Last)   Title:  Home Address:   Signature:    Name (First, Last)   Title:    Home Address:   Signature:    Name (First, Last)   Title:    Home Address:   Signature:    Will officers be compensated?   Yes   No   Will you have volunteers to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have paid employees to manage Bingo?   Yes   Mill you have younteers to manage Bingo?   Yes   Mi	Jse to which the net proceed will be applied:	irfare, lodging, treatm	nent, etc.)				
Type of Organization: (Check only one)	ictitious Name: (DBA)		☐ Education	nal	Charitable	=	
Name (First, Last)  Home Address:  Signature:  Name (First, Last)  Title:  Home Address:  Signature:  Name (First, Last)  Title:  Home Address:  Signature:  Ville:  Will officers be compensated?	ype of Organization: (Check only one)	ub Non					
Name (First, Last)  Home Address:  Signature:  Name (First, Last)  Title:  Home Address:  Signature:  Name (First, Last)  Title:  Home Address:  Signature:  Ville:  Will officers be compensated?	Name of three (3) persons who shall be respondent	e for the operationsac	ctivity and the u	use to which	the net proceed	will be applied (Current Offic	ers)
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Home Address:  Name (First, Last)  Title:  Home Address:  Signature:  Signature:  Will officers be compensated?  Yes  No  Will you have volunteers to manage Bingo?  Yes  No  TAX CLEARANCES	Home Address:			Signature:			
Name (First, Last)  Title:  Home Address:  Signature:  Will officers be compensated?	Name (First, Last)			Title:			
Home Address:  Will officers be compensated?				Signature:			
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Will you have paid employees to manage Bingo?	Home Address:			Signature:			
TAX CLEARANCES	Vill officers be compensated?  Yes			Will you hav	e volunteers to n	nanage Bingo?	No
		Yes No					
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COLLECTIONS	COLLECTIONS		1			TRAB	

## **FUNDRAISING APPLICATION**

AUTHORITY: Title 9 GCA Chapter 64, Section 64.70 Amended by PL 14-140 Eliminating Any Form of Casino Gambling

Department of Revenue & Taxation Government of Guam P.O. Box 23607 Barrigada, Guam 96921



Entity Name:		Date:					
I declare under the PENALTY OF PERJURY under th State of:	e laws of Guam, the above info	rmation is true complete and correct to the best of my knowledge.					
		(Name & Signature of Authorized Rep)					
Country of:		(Mailing address of Authorized Rep)					
Subscribed and Sworn before me on (Day)	of(Month)	20(Year)					
		(Notary Public in and for the Territory of Guam					
		My Commission Expires:					
FOR USE BY GENERAL LICENSING AND REGISTRATION BRANCH (DO NOT WRITE BELOW)							
Approved Disapproved  Reason for Disapproval:							
Form of Identification and ID No.:		Date:					