



CONTRACTORS LICENSE BOARD

Guahan Inetnon Manlisenaiyen Kontratista
542 N. Marine Drive Suite A, Tamuning, Guam 96913
Tel: (671) 649-9676/649-2211/649-2214 or 649-2210 (Fax)



Requirements for Joint Venture

Attached are the application forms for to obtain a Contractors License for Joint Venture. The following information is being provided to assist you in processing your application.

- All sections of the application must be completed and clearances from the Government of Guam Agencies.
- All Joint Venture must be registered with the Department of Revenue and Taxation and must be stamped from the Agency.

You are required to submit the following documents, in addition to the attached application, in order for our Agency to process your license

- _____ *Joint Venture Agreement stamped by Revenue and Taxation
- _____ *Proof of Workers Compensation Insurance for Joint Venture
- _____ *Copies of Passport of Citizenship card for all the Qualifier's
- _____ *Copies of Passport of Citizenship card or Driver's License for the RME
- _____ *Copy of letter of RME's Test Result or RME's Current License
- _____ *Letter from Banking Intuition (Proof of Solvency) for the Joint Venture or President/Qualifier's Name
- _____ *Letter from Banking Intuition (Proof of Solvency) of the RME (Responsible Management Employee)
- _____ *Financial Statement / Balance Sheet (CPA) for the Joint Venture or President Pursuant to Section 4308, title 6, Guam Code Annotated, I declare under the penalty of perjury under the Laws that the foregoing is true and correct**)
- _____ *Financial Statement / Balance Sheet (CPA) for the RME (Responsible Management Employee) –*Pursuant to Section 4308, title 6, Guam Code Annotated, I declare under the penalty of perjury under the Laws that the foregoing is true and correct**)
- _____ *Department of Revenue and Taxation (4) Stamps (Barrigada)
- _____ *Department of Labor (5) Stamps (GCIC Building)
- _____ *Department of Land Management (ITC Building)
- _____ *Department of Public Works (DPW Compound/Permit Center)
- _____ *Department of Public Health (Only for H2 Barracks)
- _____ *Peals Board (Bank of Guam-2nd Floor Upper Tumon) If you have a classification "A"

Upon submission of the application & all required documents and clearances, our office will process the application within Public Law 30-11. §70115 Either issue a license to the applicant or else notify the applicant in writing by registered mail of the Board's decision not to grant the license and specifically notify applicant of the right to have a hearing within fifteen (15) days from the receipt of the board's decision. The hearing shall be conducted in accordance with §70117.

If you have any question, please feel free to contact our Licensing Section.



APPLICATION FOR CONTRACTORS LICENSE AS A JOINT VENTURE



Application Fee: \$50.00. If approved License Fee: \$400.00
Read the Instruction Page attached before completing this application

PLEASE PRINT or TYPE LEGIBLY.

1. Full Name of New Business	2. Business Email Address
3a. Business Mailing Address	
3b. Business Street Address	
4. Business Telephone Numbers (Include Fax & Cellular Nos.)	
5. Classification(s) Requested	

6. We the licensees listed below, hereby make application for a Joint Venture Pursuant to the Provisions of 21 GCA Chapter 70 for Contractors License Board.

Entity 1) Full Name of Business As it Appears On The Records of Business License Branch (Revenue and Taxation)		CLB License Number
Print Qualifiers Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number

Entity 2) Full Name of Business As it Appears On The Records of Business License Branch (Revenue and Taxation)		CLB License Number
Print Qualifiers Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number

Entity 3) Full Name of Business As it Appears On The Records of Business License Branch (Revenue and Taxation)		CLB License Number
Print Qualifiers Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number

AGENCY CLEARANCE FORM

Company Name	Social Security or Employment Identification Number (EIN)
Name of Owner or RME	GRT Number:

YOU MUST OBTAIN EACH DEPARTMENT AND SECTION LISTED BELOW. IF STAMPS ARE INCOMPLETE, THE APPLICATION PROCESS MAY BE DELAYED.

DEPARTMENT OF REVENUE AND TAXATION

BUSINESS LICENSE SECTION GRT SECTION INCOME TAX SECTION COLLECTION

DEPARTMENT OF LABOR

OSHA ON-SITE BUREAU OF LABOR STATISTICS WAGE & HOUR WORKER'S COMPENSATION

DEPARTMENT OF LABOR (ALIEN LABOR PROCESSING & CERT. DIV. (ALPCD))

DEPT. OF LAND MANGMENT

**DEPT. OF PUB WORK
BUILDING PERMITS**

**DEPT. OF PUBLIC HEALTH
(ONLY FOR H-2 BARRACKS)**

**PEALS BOARD
(A Class Only)**

ZONE CLEARANCE FOR CONTRACTORS LICENSE

(To be attached to contractor's license application)

THIS FORM MUST BE COMPLETED IN ORDER TO OBTAIN A CLEARANCE FROM THE DEPARTMENT OF LAND MANAGEMENT. IF YOU ARE LEASING, RENTING OR USING A LOCATION FOR OFFICE, BARRACKS, EQUIPMENT AND STORAGE YARD OR STORAGE OF CONSTRUCTION MATERIALS, PLEASE ATTACH ALL OF THE REQUIRED DOCUMENTS AS SHOWN ON BACK OF THIS FORM.

COMPANY NAME: _____

1. OFFICE LOCATION:

Lot No:	Block Number:
Tract No:	Municipality:

2. BARRACKS:

Number of Alien Employees: _____ **if more the five (5), where are they being housed?**

Lot No:	Block Number:
Tract No:	Municipality:

3. EQUIPMENT AND STORAGE YARD:

Do you have any heavy equipment? () Yes () No

If yes, where are they parked or stored when not in use:

Lot No:	Block Number:
Tract No:	Municipality:

4. STORAGE OF CONSTRUCITON MATERIALS:

Lot No:	Block Number:
Tract No:	Municipality:

I certify that the above information is true and correct.

Name (Print)

Name (Signature)

Date

BANK LETTERHEAD

This information is CONFIDENTIAL and furnish as a matter of business courtesy in reply to your inquiry. No responsibility is assumed by the BANK OF GUAM or its officer.

DATE: _____

CONTRACTORS LICENSE BOARD

The information check below is in reply to your recent inquiry regarding *******JOHN DOE*******

And is given in confidence without liability on the part of this bank. It is based solely on our direct experience with the customer.

_____ Enclosed signature compares favorably.

_____ Has maintained an account since	<u>January 1, 2009</u>
Year to Date	<u>\$15,000.00</u>
Present Balance	<u>\$10,000.00</u>
Account Number (s)	<u>Savings ACCT # 0102-111111</u>

- _____ Account has been satisfactory.
- _____ Credit relations have been satisfactory.
- _____ Unable to locate record of credit relations
- _____ Account recently opened. Not yet identified.
- _____ Please give full name, address, and line of business as we have similar names.
- _____ Please give the name or address of the branch where the subject is known: otherwise, we are unable to locate this name. We shall be pleased to recheck it for you upon receipt of this specific reference.

REMARKS: NONE

I, John Doe
Authorized the Bank of Hawaii
To release information

Thomas Morrison
Operation Officer
Agana Branch

PROOF OF FINANCIAL SOLVENCY, (BANK LETTER OF CREDIT ATTESTING TO SOLVENCY OR FINANCIAL STATEMENT FROM THE BANK)

****SAMPLE****

**Arianna's Painting & Decorating
FINANCIAL STATEMENT
As of June 20, 2018**

ASSETS

Current Assets:

Checking/Savings	
Cash in Bank	\$5,000.00
Cash on Hand	<u>\$ 700.00</u>

Total Current Assets: \$5,700.00

Other Assets

Tools	\$20,000.00
1980 Backhoe	<u>\$40,000.00</u>

TOTAL ASSETS **\$65,700.00**

LIABILITIES & EQUITY

Liability	\$25,000.00
GGEFCU – Auto (RAV4)	\$20,350.00
PFCU – Auto (Tacoma)	<u>\$20,350.00</u>

Liabilities \$65,700.00

TOTAL LIABILITY & EQUITY **\$65,700.00**

****MUST STATE ON DOCUMENT:****

Pursuant to Section 4308, Title 6, Guam Code Annotated, I declare under the penalty of perjury under the Laws that the foregoing is true and correct.

Print Name

Date

Signature

Date



Office Location Map

Company Name: _____

RME Name: _____

Company License #: _____ RME License #: _____

Business/Office Address: _____

Mobile #: _____ Email Address: _____

PLEASE DRAW A MAP BELOW & SHOW LANDMARKS WITHIN THE VICINITY