



# 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 LLC

Attached are the application forms required to obtain a Contractors License as a LLC. The following information is being provided to assist you in processing your application. All sections of the application must be completed. All LLC must be registered with the Department of "Revenue and Taxation".

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

- \_\_\_\_\_ **\*A copy of Articles of Organizations as approved by the Department of Revenue and Taxation;**
- \_\_\_\_\_ **\*A copy of the operating agreement**
- \_\_\_\_\_ **\*Proof of Workers Compensation Insurance**
- \_\_\_\_\_ **\*Letter from Banking Intuition (Proof of Solvency) on the Individual / Partner**
- \_\_\_\_\_ **\*Letter from Banking Intuition (Proof of Solvency) of the RME (Responsible Management Employee)**
- \_\_\_\_\_ **\*Financial Statement / Balance Sheet (CPA) on the Individual Applicant / on each Partner & 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\*\*)**
- \_\_\_\_\_ **\*Copies of Passport or Citizenship Card for all Partners and RME**
- \_\_\_\_\_ **\*Copy of Current License for RME or letter of RME's test results**

Upon submission of the application & required documents, our office will process the application for presentation to the Board of Directors. Once your application has been approved by the Board of Directors; you will be notified on the fees that are due.

If you have any questions, please feel free to contact our Licensing Section at 649-9676.



## APPLICATION FOR CONTRACTORS LICENSE AS A NEW LLC



Name of Company	
Mailing Address	Email Address
Office Location	
Telephone Numbers (Include Fax & Cellular Nos.)	
Classifications:	

**List all partners of the company. This list must include home addresses (not P.O. Boxes or General Delivery), home telephone numbers, Date of Birth, and Social Security numbers.**

Name (Last, First & Middle)	Percentage Owned:	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number

Name (Last, First & Middle)	Percentage Owned:	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number

Name (Last, First & Middle)	Percentage Owned:	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number

**The following certification must be dated and each person listed above must sign. We/I declare under penalty of perjury under the laws of the Laws of Guam that the foregoing is true and correct (6GCA; &4308).**

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
**Partner 1**                                      **Date**                                      **Partner 2**                                      **Date**

\_\_\_\_\_                                      \_\_\_\_\_  
**Partner 3**                                      **Date**



## AGENCY CLEARANCE FORM

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

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

**DEPARTMENT OF REVENUE AND TAXATION (4 Stamps)**

**BUSINESS LICENSE SECTION    GRT SECTION    INCOME TAX SECTION    COLLECTION**

**DEPARTMENT OF LABOR (5 Stamps)**

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

**DEPARTMENT OF LABOR (ALIEN LABOR PROCESSING & CERT. DIV. (ALPC))**

**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:

<b>Lot No:</b>	<b>Block Number:</b>
<b>Tract No:</b>	<b>Municipality:</b>

## 2. BARRACKS:

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

\_\_\_\_\_

<b>Lot No:</b>	<b>Block Number:</b>
<b>Tract No:</b>	<b>Municipality:</b>

## 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:**

<b>Lot No:</b>	<b>Block Number:</b>
<b>Tract No:</b>	<b>Municipality:</b>

## 4. STORAGE OF CONSTRUCITON MATERIALS:

<b>Lot No:</b>	<b>Block Number:</b>
<b>Tract No:</b>	<b>Municipality:</b>

**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

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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

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\_\_\_\_\_  
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 \$ 700.00

Total Current Assets: \$5,700.00

**Other Assets**

Tools \$20,000.00

1980 Backhoe \$40,000.00

**TOTAL ASSETS** **\$65,700.00**

**LIABILITIES & EQUITY**

Liability \$25,000.00

GGEFCU – Auto (RAV4) \$20,350.00

PFCU – Auto (Tacoma) \$20,350.00

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 #: \_\_\_\_\_ EmailAddress: \_\_\_\_\_

PLEASE DRAW A MAP BELOW & SHOW LANDMARKS WITHIN THE VICINITY