



CONTRACTORS LICENSE BOARD

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



Requirements for Sole Proprietor

Attached are the application forms required to obtain a Contractors License as a Sole Proprietor. The following information is being provided to assist you in processing your application. All sections of the application must be completed.

Individuals who wish to use a fictitious name must complete the attached form titled "Certificate of Transacting Business under a Fictitious Name", have it notarized and registered with the Department of Revenue and Taxation, business License Division.

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 the "Certificate of Transacting Business under a Fictitious Name" form which was submitted to the Department of Revenue and Taxation;**
- ____ ***Proof of Workers Compensation Insurance (if you have employees)**
- ____ ***Letter from Banking Intuition (Proof of Solvency) of the Owner**
- ____ ****Financial Statement / Balance Sheet (CPA) for the Owner – *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**)**
- ____ ***Copy of Individual's Passport or Citizenship Card.**
- ____ ***Copy of test result or Current License**

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 SOLE PROPRIETOR



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

The following section pertains to the owner of the company. Please ensure that all information being requested is provided.

| | | |
|---|-------------------------------|--|
| Name (Last, First & Middle) | Social Security Number | Telephone Numbers (Home & Cellular) |
| Home Address (House No., Street, City & State) | Date of Birth | Date of Examination |

I declare under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct (6GCA; & 4308).

Signature of Owner

Date

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 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 (Rav 4) | \$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