



Dipåtamenton Kontribusion yan Adu'aña

# DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

REVISED: 2023.12

Form DRT-CPTO

## CANNABIS ESTABLISHMENT PERMIT TO OPERATE APPLICATION

### APPLICATION SUBMITTAL

- 1 The application must be completed in full. Incomplete applications will not be processed. Responsible Official must collect the incomplete application from the Guam Department of Revenue & Taxation prior to the end of the next business day.
- 2 All applications and documentation submitted must be single-sided and on 8.5 x 11 inch paper.
- 3 All applicants must provide one complete copy of the required documents above or be assessed a fee of \$1.00 per copy.
- 4 Applications must be submitted in person with all attachments/documents and requisite fees to:

**Guam Department of Revenue & Taxation  
Compliance Branch  
1240 Army Drive  
Barrigada, Guam 96913**

### PAYMENT INFORMATION

- 1 All payments must be made prior to processing the application.
- 2 Payment Options: Acceptable payment in CASH or CHECK only to be paid at the TREASURER OF GUAM. As defined in 3 GAR CH.9 § 9201. Fees. (d) All fees are non-refundable.

### OTHER INFORMATION

- 1 Cannabis Establishment Permit to Operate is valid for one (1) year.
- 2 Cannabis Establishment Permit to Operate must be displayed in a conspicuous place inside the licensed cannabis establishment.



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**NOTE:** The owner, member, or one authorized responsible official (R.O.) of the establishment is responsible for completing this application in its entirety and submitting all required documents. Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. An applicant is prohibited from operating a cannabis establishment prior to obtaining all necessary approvals or licenses. Every license issued under this Authority shall be deemed to be personal and may not in any circumstances be transferred to any other person. A separate application must be filled for each establishment license. There must be a permit to operate for each separate establishment location.

### CLEARANCES REQUIRED (with certified documents)

§ 9212. Permit to Operate a Cannabis Establishment. (5)

Department of Public Works

Department of Public Health and Social Services

Guam Environmental Protection

Guam Department of Revenue & Taxation: Business Privilege Tax Branch Guam

Agency Guam Fire Department

Department of Agriculture

Guam Waterworks Authority

Other: \_\_\_\_\_

**FACILITY DIAGRAMS - Provide a legible and accurate diagram for the facility. The diagram must include a plan for the licensed premises and a separate plan for the Security/Surveillance, including camera location, number and direction of coverage.**

#### Site Plan

§ 9212. Permit to Operate a Cannabis Establishment. (2) A site plan drawn to scale of the cannabis establishment's location depicting streets, property lines, buildings, parking areas, outdoor areas, if applicable; fences, security features, fire hydrants, if applicable; and access to water mains;

#### Licensed Premises (Vicinity Map)

§ 9212. Permit to Operate a Cannabis Establishment. (3) The distance of the cannabis establishments to the closest school and Drug Free School Zone;

#### Floor Plan

§ 9212. Permit to Operate a Cannabis Establishment. (4) A floor plan, drawn to scale, of the building where the cannabis establishment is located showing the following:

- (A) Layout and dimensions of each room;
- (B) Name and function of each room;
- (C) Location of each hand washing sink;
- (D) Location of each toilet;
- (E) Location of all means of entry;
- (F) Location of each video camera, alarm system, motion sensor;
- (G) Location of standby power source;
- (H) Location of each panic button; and
- (I) Location of natural and artificial lighting sources.

#### Security & Surveillance

§ 9212. Permit to Operate a Cannabis Establishment. (b)(2) Security system, including the video surveillance system and alarm system as required by this Chapter; § 9303. Alarm Systems. § 9304. Surveillance Systems. § 9311. Security.

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**DO NOT COMPLETE THIS PORTION - FOR COMPLIANCE BRANCH USE ONLY**

License No.: \_\_\_\_\_ Locator No.: \_\_\_\_\_ Remarks: \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Bank | Check No.: \_\_\_\_\_

Amount Received: \_\_\_\_\_



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Application Type:	New	Renew	Change of Information
<b>Type of Establishment: (Check One Only)</b>			
Sole Proprietorship		Partnership	
Corporation		Limited Partnership	
Limited Liability Company		Other: _____	
Limited Liability Partnership			

License Type: (Check One Only)	Application Fee	Other Fees
Type I Cultivation Facility License: cultivation of 0 to 500 square feet of canopy	\$600.00	Late Fee \$100.00
Type II Cultivation Facility License: cultivation of 501 to 2,500 square feet of canopy	\$2,000.00	Copy Fee \$100.00
Type III Cultivation Facility License: cultivation of 2,501 to 5,000 square feet of canopy	\$5,000.00	Amendment \$100.00
Type IV Cultivation Facility License: cultivation of 5,001 to 10,000 square feet of canopy	\$15,000.00	
Cannabis Product Manufacturing Facility License	\$5,000.00	
Cannabis Testing Facility License	\$2,000.00	
Retail Cannabis Store License	\$5,000.00	

Full Name of Cannabis Establishment:

Doing Business As (DBA):	Gross Receipt Tax (GRT) No.:
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License Issued Date:	License Expiration Date:	License Renewal Date:
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Cannabis Establishment Physical Address:

Cannabis Establishment Mailing Address:

Full Name of Responsible Official:	Cannabis Identification Card No.:	Phone No.:
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Physical Address:

Mailing Address:

*I certify that the above statements are true and correct to the best of my knowledge and belief.*

SIGNATURE OF RESPONSIBLE OFFICIAL	DATE
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