GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



INSTRUCTIONS FOR LICENSE CLASS CHANGE

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE".

<u>FEE</u>: The application must be accompanied by the proper fee. Since the fee may be amended to reflect your new class, your licensing specialist will provide you with the correct Class Change fee that is due. All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C Treasurer, or by credit card (Visa or MasterCard only).

Instructions for the License Class Change:

- 1. If licensee is a sole proprietor or partnership, print individual's name (Last Name, First Name, Middle Initial). If licensee is a business entity, list the entity's name;
- 2. Print Trade Name:
- 3. Print Current license class:
- 4. Print Proposed license class;
- 5. Print establishment's telephone number;
- 6. Print establishment's address, street number & name, city, state and zip code;
- 7. If applicant is a sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the certification, which states "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized;
- 8. Please answer the question: In what language do you need vital documents translated.

GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



APPLICATION FOR LICENSE CLASS CHANGE

OFFICIAL USE ONLY											
Date Accepted:					Accepted by:						
Fees Paid: \$	From	То	То		Issue Date:		From		То		
Date Approved by Board	Initial: →	1									
Date Denied by Board / /	Initial: →										
TO BE COMPLETED BY APPLICANT											
1. Licensee Name (Last, First, Mic		2. Trade Name:									
3. Current License Class:		4. Proposed License Class:									
5. Address			City				State Zip C		Code		
6. Telephone Number:											
If applicant is a Sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification. 7. "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized. Printed name: Printed name:											
s			Subscribed and sworn to before me						My commission		
Signature			on this day of, 20			Notary	Public		expires on		
Printed name:											
		Su	ıbscribed and s	worn to b	ı to before me			My commission		1	
Signature		0	n this da	y of, 2	0	Nota	ry Public		expires on _		
Printed name:											
		Su	ıbscribed and s	worn to b	to before me				My commission		
Signature		0	n this da	y of, 2	0	Nota	ary Public		expires on _		
8. In what language do you need vit	al documents tra	nslated?									

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.