GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

INSTRUCTIONS FOR FILING A SOLICITOR'S LICENSE APPPLICATION

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, write "Not Applicable".

FEE: The application must be accompanied by the proper license fee. The Solicitor's annual fee is $325. Please see the attached prorated fee schedule. **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).**

1. **All persons applying for the Solicitor's License must be 21 years of age**.
2. Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. and 3:30 p.m. at 2000 14th Street, NW, Suite 400S, Washington, DC 20009. Please bring valid government issued identification with you.
3. Please note the term "APPLICANT" as used in this application designates the person in whose name the license will be issued if the application is approved.
4. Your license may be issued the same day or it may be forwarded to the ABC Board for review.
5. Please be advised that you need a separate solicitor's license for each company that employs you.
6. Application forms must be notarized where applicable.
7. Attach extra sheets if necessary. Write "See Attachment" in any space and print your name on the top of each sheet.

Instructions for the Solicitor's Application:

1. Print Applicant's Name (Last Name, First Name, and Middle Initial).
2. Print Applicant's Date of Birth.
3. Print Applicant's Place of Birth.
4. Print Applicant's Home Telephone Number.
5. Print Applicant's Home Address (Street Number and Name, City, State and Zip Code).
6. Print Applicant's Cell Phone Number.
7. Print Applicant's E-mail Address.
8. Check appropriate box ("Yes" or "No") if you are eligible to work in the U.S. If yes, please bring in qualifying documents and provide the information requested in Section 9.
9. (a.- e.) Check the appropriate box ("U.S. Passport", "Naturalization Papers", "Work Permit", "Green Card", or Visa") and, if appropriate, list the certificate number in Section 9.f. and expiration date in Section 9.g.
10. (a.-c.) Check the appropriate box ("Yes" or "No") for the following questions:
    a. Have you ever received or applied for any alcoholic beverage license in DC or any state or any territory?
    b. Have you ever had an alcoholic beverage license suspended or revoked?
    c. Have you ever been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years? If yes, attach a copy of the court disposition.
11. Check the appropriate box ("Yes" or "No"), as to whether any member of your immediate family now holds an ABC license or has any financial interest, directly or indirectly, in any ABC licensed establishment in DC.
12. If you have answered "Yes" to any of the questions in Sections 10 or 11 please submit a detailed explanation.
13. Certification: You must sign the certification which states, "I, (Print Name), hereby certify that, I have obtained and read Title 25 of the DC Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I certify under penalty of perjury, that the statements in the foregoing are true and correct." Please have your signature notarized.
14. Please answer the question: In what language do you need vital documents translated?
15. **Solicitor's Employment Certification**. This section is to be completed by Employer.
16. Check the appropriate box ("Yes" or "No") as to whether you are a licensed DC Wholesaler. If you have answered "No", please list the state where you hold a license.
17. Print Company Name (as it appears on ABC license).

18. Print License Number.
19. Print Company Address (as it appears on ABC license).
20. Print Company Trade Name (as it appears on ABC license).
21. Print Business Telephone Number.
22. Print E-mail Address.
23. Sign the Certification, which states "I hereby certify under penalty of perjury that I/we have employed the above referenced Applicant, as an Alcoholic Beverage Control Solicitor." If the Employer is a Sole Proprietor, the individual must sign; if Partnership, each Partner must sign; if Corporation, the President or Vice President must sign; or, if Limited Liability Company, the Managing Member must sign. Please have your signature notarized.

Other forms required:

Clean Hands Certification for the Applicant:
Complete the Clean Hands Certification. ABRA staff will verify the status.

Police Clearance:
All applicants must obtain a police clearance from the District of Columbia Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside.

Court Disposition:
All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

Other documents that are required to be submitted only if the person applying for the Solicitor's License is the owner of said business:

Federal Permit obtained from the U.S. Department of Alcohol, Tobacco and Firearms.

D.C. Corporate Certificate of Good Standing and Articles of Incorporation obtained from the Department of Consumer and Regulatory Affairs.

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D.C. Sales & Use Tax Certificate of Registration obtained from OTR.

NOTE: The Department of Consumer and Regulatory Affairs, Corporations Division and the Office of Tax and Revenue are located at 1100 4th Street, S.W., Washington, DC 20024.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

SOLICITOR'S PRORATED LICENSE FEE SCHEDULE

The following fees are prorated based on the month you submit your application.

MONTH	FEE
July	$325
August	$298
September	$271
October	$244
November	$217
December	$190
January	$163
February	$136
March	$109
April	$82
May	$55
June	$28

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

SOLICITOR'S APPLICATION

OFFICIAL USE ONLY

License Number:		Date Accepted:			Accepted by:		
Fees Paid: $	From:	To:	Issue Date:	From:	To:		
Date Approved by Board / /	Initial: ➡						
Date Denied by Board / /	Initial: ➡						

TO BE COMPLETED BY APPLICANT

1. Applicant's Name (Last Name, First Name, Middle Initial):

2. Date of Birth:	3. Place of Birth:	4. Home Telephone Number:

5. Home Address:

6. Cell Phone Number:	7. E-mail Address:

8. Are you eligible to work in the United States? ☐ Yes ☐ No **If yes, please bring in qualifying documents and provide the information requested in Section 9 below.**

9. a. ☐ US Passport b. ☐ Naturalization Papers c. ☐ Work Permit	d. ☐ Green Card e. ☐ Visa	f. Certificate Number:	g. Expiration Date:

10. Have you ever:

a. Received or applied for any alcoholic beverage license in D.C. or any state or territory? ☐ Yes ☐ No
b. Had an alcoholic beverage license suspended or revoked? ☐ Yes ☐ No
c. Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years? *(If yes, attach a copy of the court dispositon(s).)* ☐ Yes ☐ No

11. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia? ☐ Yes ☐ No

12. If you have answered Yes to questions 10 or 11, please submit a detailed explanation (attach pages if necessary).

13. *Certification*:

I, _____, hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I certify under penalty of perjury, that the statements in the foregoing are true and correct.

_____ Signature

Subscribed and sworn to before me on this _____ day of___, 20___.

_____ Notary Public

My commission expires on _____

14. In what language do you need vital documents translated?

15. Solicitor's Employment Certification
(To be completed by Employer)

16. Are you a licensed DC Wholesaler? ☐ **Yes** ☐ **No If no, please list the state where you hold a license:**_____	
17. Company Name (as it appears on the ABC License):	**18. License Number:**
19. Company Address (as it appears on the ABC License):	
20. Company Trade Name (as it appears on the ABC License):	
21. Business Telephone Number:	**22. E-mail Address:**
If you are a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member must sign the certification below.	
23. *Certification*: *I hereby certify under penalty of perjury that I/we have employed the above referenced applicant, as an Alcoholic Beverage Control Solicitor.*	

Print Name:_____

_____ Signature | Subscribed and sworn to before me on this _____ day of___, 20___. | _____ Notary Public | My commission expires on _____.

Print Name:_____

_____ Signature | Subscribed and sworn to before me on this _____ day of___, 20___. | _____ Notary Public | My commission expires on _____.

Print Name:_____

_____ Signature | Subscribed and sworn to before me on this _____ day of___, 20___. | _____ Notary Public | My commission expires on _____.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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PERSONAL INFORMATION RELEASE AUTHORIZATION

A Personal Information Release Authorization must be completed if you are one of the following: Sole Proprietor, Partner, Corporate Officer, Managing Member, or General Partner.

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE USING AN INK PEN.

I authorize any agent of the Alcoholic Beverage Regulation Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purposes of determining my eligibility for a liquor license as either a licensee and/or investor. I understand that the information released is for official use by the Alcoholic Beverage Regulation Administration, and that these users may re-disclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This authorization is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of this authorization form that show my signature are as valid as the original authorization form signed by me.

Failure to complete this form may result in delays in approving your application and may result in the application being denied if this information cannot otherwise be obtained.

_____	_____
Full Name (Print or Type)	**Signature**
_____	_____
Other Names Used (Print or Type)	**Social Security Number**
_____	_____
Current Address	**Home or Cell Phone Telephone Number**

<u>Certification</u>: I hereby certify under penalty of perjury that the foregoing information is true and correct. Further, I hereby authorize the Alcoholic Beverage Control Board, or its employees, to investigate any and all of the information provided by me in this application.

_____	Subscribed and sworn to before me	_____	My commission
Signature	on this _____ day of___, 20___.	Notary Public	expires on _____.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

FOR OFFICIAL USE ONLY OFFICE OF TAX & REVENUE (OTR)
_____ SIGNATURE
_____ DATE

CLEAN HANDS CERTIFICATION

ALL INDIVIDUALS THAT HAVE AN OWNERSHIP INTEREST MUST COMPLETE THIS FORM.

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU ONE THOUSAND AND NO/100 DOLLARS ($1,000.00). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

I, _____, as _____,
(Name – Print or Type) (Applicant's Title)

residing at _____, with Social Security Number _____,
(Home Address)

certify that as of this date_____, I do not owe more than One Hundred and No/100 Dollars ($100.00) to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the District of Columbia Traffic Adjudication Act of 1978, effective September 12, 1978 (D.C. Law 2-104; D.C. Official Code § 50-2301.01 *et seq.*);
4. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*);
5. Fines, penalties or interest assessed pursuant to the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986 (D.C. Law 6-97; D.C. Official Code § 50-301 *et seq.*);
6. Fines, penalties or interest assessed pursuant to the Compulsory/No-Fault Motor Vehicle Insurance Act of 1982, effective September 18, 1982 (D.C. Law 4-155; D.C. Official Code § 31-2401 *et seq.*);
7. Past due taxes;
8. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937, approved August 17, 1937 (50 Stat. 680; D.C. Official Code § 50-1501.02(i));
9. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
10. Past due District of Columbia Water and Sewer Authority Service charges or fees; or
11. Vehicle conveyance fees, as that term is defined in § 50- 2302.01(i).

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me One Thousand and No/100 Dollars ($1,000.00). I further understand that the Administration may conduct an investigation to ascertain the veracity of this Certification. I understand that this Certification is required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

_____ _____
Signature **Print Name/Title**

_____ _____
ABC Application Number **ABC License Number**