

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



SAFEKEEPING APPLICATION INSTRUCTIONS

An alcoholic beverage license that is temporarily discontinued for any reason must be surrendered to the Alcoholic Beverage Control Board (Board) for safekeeping.

FEES

A safekeeping fee will be assessed every six months that a license is approved to be held in safekeeping status. Any license that is in safekeeping for less than two years is assessed a fee of 25 percent of the annual cost of the license every six months. Any license that remains in safekeeping for two years or more is assessed a fee of 50 percent of the annual cost of the license every six months. Fees must be paid within 30 days of the date a billing statement is issued by the Alcoholic Beverage Regulation Administration (ABRA) in order to avoid cancellation of the license.

APPLICATION INSTRUCTIONS

Please read and answer all questions. If a question or a portion of the question does not apply, fill in the word "none".

1. If the 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 license number.
4. Print license class.
5. Print business telephone number.
6. Print premises address, street number & name, city, state, zip code and Ward/ANC.
7. Please check the appropriate box to indicate if you will maintain the licensed location. If you respond no, please explain.
8. Print your permanent mailing address, street name, city, state and zip code.
9. Print telephone number (cell, home, etc...)
10. Print your email address.
11. Print your reason for requesting safekeeping
12. The certification must be signed by the following. All signatures must be notarized.
 - If the applicant is a sole proprietor, the individual must sign.
 - If the applicant is a partnership, all partners must sign and submit a copy of the partnership agreement.
 - If the applicant is a corporation, the president or vice president must sign.
 - If the applicant is an LLC, the managing member(s) must sign.
 - If the applicant is a Limited Partnership, the general partner(s) must sign.

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SAFEKEEPING APPLICATION

OFFICIAL USE ONLY

Date Accepted:			Accepted by:			
Entry Date:	From:	To:	Initial Fees Paid: \$	From:	To:	
Extension Date:	From:	To:	Additional Fees Paid: \$	From:	To:	
Date Approved by Board: / /	Initial: →					
Date Denied by Board: / /	Initial: →					

TO BE COMPLETED BY APPLICANT

1. Licensee's Name (Last, First, Middle):		2. Trade Name:	
3. ABRA License Number:	4. License Class:	5. Business Telephone Number:	
6. Premises Address:		City/State:	Zip Code: Ward/ANC:
7. Will you maintain the licensed location? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
8. Home Address:		City:	State: Zip Code:
9. Telephone Number:		10. Email Address:	
11. Safekeeping status is being requested for the following reason(s): _____ _____ _____			
12. Certification: I hereby certify under 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.			
Signature	Subscribed and sworn to before me on this ____ day of __, 20__.	Notary Public	My commission expires on _____.
Signature	Subscribed and sworn to before me on this ____ day of __, 20__.	Notary Public	My commission expires on _____.
Signature	Subscribed and sworn to before me on this ____ day of __, 20__.	Notary Public	My commission expires on _____.

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 days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.