Government of the District of Columbia
Alcoholic Beverage Regulation Administration

For Official Use Only
License Period:
Initials:
Date:

SOLICITOR'S LICENSE RENEWAL FORM

SOLICITOR INFORMATION

1. ***Place an "X" in the applicable box below if any of the following have occurred since the last renewal period:*** ☐ ***Name Change*** ☐ ***Address Change*** ☐ ***Change of Employer***		**2.** ***License Number:***
3. ***Licensee's Name (Last Name, First Name, Middle Initial):***		
4. ***Home Address:***		
5. ***Home Telephone Number:***	**6.** ***Business Telephone Number:***	**7.** ***E-mail Address:***
8. ***If born outside of the United States, please provide an updated copy of one of the following documents:*** **a.** ☐ ***US Passport*** **b.** ☐ ***Naturalization Papers*** **c.** ☐ ***Work Permit*** **d.** ☐ ***Green Card*** **e.** ☐ ***Visa***	**f.** ***Certificate Number:***	**g.** ***Expiration Date:***

EMPLOYER INFORMATION

9. Company Name (as it appears on the ABC License):	**10. Trade Name (as it appears on the ABC License):**	
11. Company Address (as it appears on the ABC License):	**12. Business Telephone Number:**	
13. E-mail Address:	**14. License Number:**	**15. License Class:**
16. Have you been convicted of a misdemeanor or felony since the last renewal? ☐ **Yes** ☐ **No** ***(If "Yes", attach a copy of the court disposition.)***		
17. Certification: *I hereby certify under penalty of perjury that the information in this application and attachments are true and correct to the best of my knowledge and belief. I will also conform to all laws and regulations related to the Alcoholic Beverage Control license for which I have applied.*		
_____ *Signature*	*Subscribed and sworn to before me on this _____ day _____, 20___.*	_____ *Notary Public*	*My commission expires on _____.*
18. In what language do you need vital documents translated?		

INSTRUCTIONS FOR FILING A RENEWAL APPLICATION FOR A SOLICITOR'S LICENSE APPLICATION

Your Solicitor's License expires on June 30 2014. Please report to the **Alcoholic Beverage Regulation Administration, 2000 14th Street, N.W., 400 South, Washington, DC 20009**, between the hours of 8:30 a.m. – 4:00 p.m., Monday through Friday. To avoid long lines, we strongly encourage you to renew during the off-peak hours of 8:30 a.m. to 10:30 a.m. *Under no circumstances will anyone be processed after 4:00 p.m.* The renewal fee is Nine Hundred and Seventy Five Dollars ($975.00) for the three (3) year license period. Beginning July 1, 2014 a late fee of Fifty Dollars ($50.00) will be assessed for each day after the due date of payment. **Licenses that have been expired for two (2) months or more cannot be renewed**. **Please read all questions carefully and answer all questions completely. 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 (except for American Express).**

1. Please place an "X" to indicate if there is a Name Change, Address Change, or Change of Employer.
2. Print your License Number.
3. Print your Name (Last Name, First Name, Middle Initial).
4. Print your Home Address.
5. Print your Home Telephone Number.
6. Print your Business Telephone Number.
7. Print E-mail Address.
8. Attach the qualifying documentation. Also, complete (f.) and (g.) if applicable.
9. Print Company Name.
10. Print Trade Name.
11. Print Company Address.

ness Telephone Number.
ail Address.
nse Number.
ness Telephone Number.
e checked "Yes", you must submit a copy of the court disposition.
on. Read and have your signature notarized.
swer the question: In what language do you need vital documents translated, if any?

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 $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)

certify that _____, social security number _____
(Home Address)

as of this date_____, does not owe more than $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 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.*); or
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority Service Fees;
6. Traffic adjudication fines or penalties;
7. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
8. Fines assessed to car dealers; and
9. Fines assessed pursuant to the Taxicab and Limousine Commission Establishment Amendment Act of 2004.

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 $1,000.00 (one thousand dollars). 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

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.