



EXTENDED HOLIDAY HOURS PROGRAM REGISTRATION INSTRUCTIONS

The Extended Holiday Hours program permits registered on-premises establishments to sell and serve alcoholic beverages until 4 a.m. and operate 24 hours a day on certain District and Federal holidays as well as three-day holiday weekends.

- Eligible holidays are specified on the [Extended Holiday Hours Calendar](#).

On-premises establishments can register for the program as long as the establishment is not required to comply with:

- A settlement agreement that restricts hours, or
- An Alcoholic Beverage Control Board order that restricts hours.

Eligible licensees are required to submit a registration form and public safety plan to participate in the program.

- Registration forms must be submitted 30 days prior to the first holiday an applicant wants to participate.
- The Alcoholic Beverage Regulation Administration (ABRA) will notify a licensee regarding approved registration.
- Once a licensee is registered for the program, they are eligible to participate in the program each year thereafter.

Submit a registration form and public safety plan to ABRA’s office by email, mail or in person:

- [Email](#)
- 2000 14th Street, NW, Suite 400 South, 4th Floor, Washington, DC 20009

EXTENDED HOLIDAY HOURS PROGRAM REGISTRATION FORM

OFFICIAL USE ONLY

Date Accepted:	Accepted By:	Public Safety Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Registration approved	<input type="checkbox"/> Registration approved with contingencies	<input type="checkbox"/> Registration denied

TO BE COMPLETED BY APPLICANT

1. Licensee’s Name (as it appears on the ABC license):		2. License Number:
3. Address (as it appears on the ABC license):		
4. Business Telephone Number:	5. Cell Phone Number:	6. Email Address:
7. I hereby seek permission to sell and serve alcoholic beverages until 4 a.m. and/or operate 24 hours a day on prescribed District or Federal holidays that occur 30 or more days from the date my notification form and public safety plan are submitted to ABRA. <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you have a Settlement Agreement? <input type="checkbox"/> Yes (If yes, attach) <input type="checkbox"/> No		
9. I am canceling my registration in the Extended Holiday Hours program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensee Signature: _____		Date: _____



PUBLIC SAFETY PLAN FORM

OFFICIAL USE ONLY

Date Accepted:

Accepted By:

TO BE COMPLETED BY LICENSEE

1. Licensee's Name as it appears on the ABC License:

2. License Number:

3. Address as it appears on the ABC License:

4. Business Telephone Number:

5. Cell Phone Number:

6. Email Address:

7. List the names, phone numbers, and emails for those individuals designated by the licensee to respond to any public safety issues that arise during the extended holiday hours period:

- 1.
- 2.
- 3.

8. Will the establishment have security cameras in operation during the extended hours?

Yes No

9. If you answered yes to question 8, indicate below the number and location of cameras used by the establishment and the length of time that video recordings will be retained (a diagram may also be submitted):

10. Will you have security? Yes No If yes, how many security personnel will be present for the extended hours? _____

11. If you answered yes to question 10, indicate the type of security training provided to security personnel:

11. Will the establishment maintain an incident log? Yes No

12. What are the establishment's procedures for ensuring that intoxicated persons and minors are not served alcoholic beverages?

Licensee Signature: _____ Date: _____