ALCOHOLIC BEVERAGE CONTROL (ABC) MANAGER'S LICENSE APPLICATION INSTRUCTIONS

In the absence of a licensee (owner), an ABC manager is required to be on duty and on the premises during the approved licensed hours of sales in order for the establishment to sell and serve alcoholic beverages. ABC manager applicants are required to complete this application and submit all required forms detailed below ű2 űKŜ ! fŎ2Ƙ2fλŎ . ŜØŜℕI·∃Ŝ wŜ∃dzfI·űλ2ƴ ! ŘYλƴλăűℕI·űλ2ƴąă ó ! . w ! ú 2ŦŦλŎŜφ

Applicants are also required to complete an alcohol awareness training program offered by an ABC Board-approved provider and submit a certificate of completion to ABRA. This program educates applicants on matters related to the sale and consumption of alcohol and a number of these are available in the District metro area. The alcohol awareness training certification is valid for three years.

ABC Manager Licenses are issued to and maintained by the person named on the license for the entire licensure period. An ABC Manager License is NOT associated with or controlled by any establishment -- even if it was paid for by a representative of that establishment.

FEES

The application must be accompanied by the proper license fee. **The ABC Manager's License fee is $390** and is valid for a three year period from your issuance date. Payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check or money order. A check or money order must be payable to the D.C. Treasurer. Payment may also be made by Visa, MasterCard, Discover or American Express.

APPLICATION

Complete all sections of the application. If a section does not apply, write "not applicable." The term "applicant" in this application designates the person in whose name the license will be issued if the application is approved. An applicant that wants to designate another individual to pick up the license must submit a written authorization to ABRA. An applicant must be at least 21 years of age and provide a valid government issued form of identification. Applications with ABRA must be submitted in person at:

- 2000 14th St., NW, 4th Floor, Suite 400 South, Washington, DC 20009
- Office Hours: 8:30 a.m.-4:00 p.m., Monday-Friday

OTHER FORMS REQUIRED

- Personal Information Release Authorization
- Clean Hands Certification
- Police Clearance
  - All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue NW, Washington D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside. Please be advised that you may apply for a temporary license without the police clearance but the temporary license will only be good for 90 days from the date of issuance. **If you do not submit the completed police clearance within 90 days all monies will be forfeited.**
- Court Disposition
  - All persons with a misdemeanor or felony conviction during the last five years must submit a copy of the court disposition.
- Alcohol Awareness Certificate
  - Please submit your alcohol awareness certificate from an ABC Board approved provider. Please be advised that you may apply for a temporary license without the alcohol awareness certificate but the temporary license will only be valid for 30 days from the issuance date. The certification must be valid for at least six months from application. **If you do not submit the completed alcohol awareness certificate within 30 days, all monies will be forfeited.**

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. In order to report fraud, waste, and abuse in District of Columbia government, call 1-800-521-1638.

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
GOVERNMENT OF THE DISTRICT OF COLUMBIA

MANAGER'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, First, Middle Initial)

2. Date of Birth	**3. Place of Birth**	**4. Personal Telephone Number**

5. Residential Address	**City**	**State**	**Zip Code**

6. Email address

7. Are you eligible to work in the United States?
If yes, please bring qualifying documents and provide the information below:

8.		**f. Certificate number**	**g. Expiration date**
a. ☐ **U.S. Passport**	**d.** ☐ **Work Permit**		
b. ☐ **U.S. Certificate of Naturalization or Citizenship**	**e.** ☐ **Visa**		
c. ☐ **Permanent Resident Card (Green Card)**			

9. Have you ever:
a. Received or applied for any alcoholic beverage license in D.C. or any state or territory? ☐ Yes ☐ No
b. Had any 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 five (5) years *(If yes, attach a copy of the court disposition(s))?* ☐ Yes ☐ No

10. Check appropriate box if any of the following apply:
a. You have operational control over an ABC establishment. Yes ☐ No ☐
b. Serve in a managerial capacity for an ABC establishment. Yes ☐ No ☐
c. The establishment is owned by you or an immediate family member. Yes ☐ No ☐

11. If you have answered yes to any questions 9 or 10, please attach a detailed explanation with each initialed.

12. 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 _____.

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

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PERSONAL INFORMATION RELEASE AUTHORIZATION

*NOTE: An Information Release Authorization must be completed if you are one of the following: Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), or General Partner(s).

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

I authorize any agent from 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 release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your license and may result in the license 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 Telephone Number**

_____ **Date**

I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC License.

_____ Signature

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

_____ Notary Public

My commission expires on _____.

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