



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

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.

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 two years.

FEES

The application must be accompanied by the proper license fee. The ABC Manager's License fee is \$260 and is valid for a two 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 conviction during the last five years or a felony conviction during the last ten 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. **If you do not submit the completed alcohol awareness certificate within 30 days, all monies will be forfeited.**



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 <u>bring</u> qualifying documents and provide the information below:						
8. a. U.S. Passport		d. Work Permit		f. Certificate number		g. Expiration date
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 ten (10) 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?						



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 _____.

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.



CLEAN HANDS CERTIFICATION

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.

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

SIGNATURE

DATE

I, _____, as _____,
(Name – Print or Type) (Applicant’s Title)
residing at _____, with Social Security Number _____
(Home Address)

certify that as of this date _____, do 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. 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

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