



## ALCOHOLIC BEVERAGE CONTROL (ABC) MANAGER'S LICENSE RENEWAL 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 to the Alcoholic Beverage Regulation Administration's (ABRA) office. 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. A number of these are available in the District metro area and the alcohol awareness training certification is valid for three years.

Your license may be re-issued the same day or it may be forwarded to the ABC Board for review.

### 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. Failure to renew in a timely manner may result in a **late penalty of \$50**.

### 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
- 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 good for 30 days from the issuance. The certification must be valid for at least six months from application or renewal. **If you do not submit the completed alcohol awareness certificate within 30 days, all monies will be forfeited.**



**ABC MANAGER'S RENEWAL APPLICATION**

**OFFICIAL USE ONLY**

<b>Fees Paid: \$</b>		<b>Date Accepted:</b>		<b>Accepted by:</b>
<b>License Period:</b>	<b>From</b>	<b>To</b>	<b>Issue Date:</b>	

**TO BE COMPLETED BY APPLICANT**

<b>1. License Number</b>				
<b>2. Applicant's Name (Last, First, Middle Initial)</b>				<i>Name change since last application</i>
<b>3. Date of Birth</b>		<b>4. Place of Birth</b>		<b>5. Personal Telephone Number</b>
<b>6. Residential Address</b>		<i>Address change since last application</i>	<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>7. Email Address</b>				
<b>8. Are you eligible to work in the United States? Yes No</b> <i>(If yes, please bring qualifying documents and provide the information below)</i>				
<b>9. a. U.S. Passport</b>		<b>d. Work Permit</b>		<b>f. Certificate Number</b>
<b>b. U.S. Certificate of Naturalization or Citizenship</b>		<b>e. Visa</b>		
<b>c. Permanent Resident Card (Green Card)</b>				
<b>10. Have you attached</b>				
<b>A copy of your alcohol awareness training certificate of completion? Yes No</b> <i>(If yes, the certification must be valid for at least six months from renewal)</i>				
<b>Clean Hands Certification? Yes No</b>				
<b>Completed/Notarized copy of your Personal Information Release Authorization form Yes No</b>				
<b>11. Have you been convicted of a misdemeanor or a felony since the last renewal? (If yes, attach a copy of the court disposition(s))?</b> <b>Yes No</b>				
<b>12. If you answered yes to question 11, please submit a detailed explanation</b>				
<b>13. Certification</b> <i>I hereby certify under 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 alcohol and beverage license for which I have applied.</i>				
_____ Subscribed and sworn to before me _____ My commission Signature on this ____ day of __, 20__ Notary Public expires on _____				
<b>14. In what language do you need vital documents translated?</b>				



**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 \_\_\_\_\_.