

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



INSTRUCTIONS FOR FILING A CHANGE OF HOURS APPLICATION

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, please write "Not Applicable". Applications must be mailed in, or submitted in person Monday through Friday, between the hours of 8:30 a.m. and 4:00 p.m., to the Alcoholic Beverage Regulation Administration (ABRA), 2000 14th Street, N.W., 400S, Washington, DC 20009.

Instructions for the Change of Hours Application:

1. Print the licensee's name as it appears on the ABC license.
2. Print the license number.
3. Print the license class/type.
4. Print the address as it appears on the ABC license.
5. Print the licensee's e-mail address.
6. Print the licensee's business telephone number.
7. Print the licensee's cell phone number.
8. Please check the appropriate box to indicate whether the change of hours request is for the Premises, Sidewalk Café, Summer Garden, or Entertainment Endorsement. Please check one. If you have more than one change of hours request (e.g., a change of hours request for the Premises and the Sidewalk Café), please complete and attach the Multiple Change of Hours Application.
9. List the current approved hours of operation, hours of alcoholic beverage sales and consumption, and hours of live entertainment, if applicable.
10. List the requested hours of operation, hours of alcoholic beverage sales and consumption, and hours of live entertainment, if applicable.
11. Please check the appropriate box ("Yes" or "No") whether you have a Voluntary Agreement. If yes, please attach a copy.
12. Certification: You must sign the certification, which states, "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above named applicant is the true and actual owner of the business." Please have your signature notarized.
13. Please answer the question: In what language do you need vital documents translated?

Instructions for the Multiple Change of Hours Application:

Please complete and attach the Multiple Change of Hours Application if you have more than one change of hours request.

1. Print the licensee's name as it appears on the ABC license.
2. Print the license number.
3. Print the license class/type.
4. Please check the appropriate box to indicate whether the change of hours request is for the Premises, Sidewalk Café, Summer Garden, or Entertainment Endorsement. Please check one.
5. List the current approved hours of operation, hours of alcoholic beverage sales and consumption, and hours of live entertainment, if applicable.
6. List the requested hours of operation, hours of alcoholic beverage sales and consumption, and hours of live entertainment, if applicable.

Please complete sections 7 through 9 if you have an additional change of hours request.

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 days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.



ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

CHANGE OF HOURS APPLICATION

OFFICIAL USE ONLY

License Number:		Date Accepted:			Accepted By:		
Issue Date:	From:	To:					
Date Approved by Board: / /	Initial: →						
Date Denied by Board: / /	Initial: →						

TO BE COMPLETED BY APPLICANT

1. Licensee's Name as it appears on the ABC License (Corporation, LLC, etc.):		2. License Number:	3. License Class/Type:
4. Address as it appears on the ABC license:		5. E-mail Address:	
6. Business Telephone Number:		7. Cell Phone Number:	
8. Change of Hours Request for: <i>(Please check one. If additional requests are needed, please complete the Multiple Change of Hours Application)</i>			
<input type="checkbox"/> Premises <input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Summer Garden <input type="checkbox"/> Entertainment Endorsement			

9. List <i>Approved</i> Hours Below:			
Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

10. List <i>Requested</i> Hours Below:			
Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

11. Do you have a Voluntary Agreement? Yes No *If yes, please attach a copy.*

12. **Certification:** *I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above named applicant is the true and actual owner of the business.* (If the applicant is a Sole Proprietor, the individual must sign, if Partnership, each Partner must sign, if Corporation, the President or Vice President must sign, if Limited Liability Company, the Managing Member must sign below.)

Print Name: _____

Signature _____ Subscribed and sworn to before me _____ My commission
on this ____ day of _____, 20___. Notary Public Expires on _____

Print Name: _____

Signature _____ Subscribed and sworn to before me _____ My commission
on this ____ day of _____, 20___. Notary Public Expires on _____

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

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ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

MULTIPLE CHANGE OF HOURS APPLICATION

1. Licensee's Name as it appears on the ABC License (Corporation, LLC, etc.):	2. License Number:	3. License Class/Type:
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4. Change of Hours Request for: *(Please check one.)*

Premises
 Sidewalk
 Summer Garden
 Entertainment Endorsement

5. List *Approved* Hours Below:

Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

6. List *Requested* Hours Below:

Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

7. Change of Hours Request for: *(Please check one.)*

Premises
 Sidewalk
 Summer Garden
 Entertainment Endorsement

8. List *Approved* Hours Below:

Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

9. List *Requested* Hours Below:

Days	Hours of Operation	Hours of Alcoholic Beverage Sales and Consumption	Hours of Live Entertainment (beginning after 6:00 p.m.)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
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Saturday	From _____ To _____	From _____ To _____	From _____ To _____

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