

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



INSTRUCTIONS FOR FILING A TRADE NAME CHANGE – NO SUBSTANTIAL CHANGE APPLICATION

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, indicate "Not Applicable".

FEE: The application must be accompanied by the proper fee. The fee for a Trade Name Change – No Substantial Change Application is Fifty Dollars (\$50.00). All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C Treasurer, or by credit card (Visa or MasterCard only). Applications can be mailed or submitted in person, Monday through Friday, between the hours of 8:30 a.m. and 4:00 p.m., at the Alcoholic Beverage Regulation Administration (ABRA), 2000 14th Street, N.W., 400S, Washington, DC 20009.

Instructions for the Trade Name Change – No Substantial Change Application:

1. If the licensee is a sole proprietor or partnership, print individual's name (Last Name, First Name, Middle Initial). If the licensee is a business entity print the entity's name.
2. Print the license number.
3. Print the license class/type.
4. Print a cell phone, business, or home telephone number.
5. Print an e-mail address.
6. Print the establishment's address.
7. Check box if this is an additional trade name to be added to the current trade name.
8. Check box if this is a new trade name replacing the current trade name.
9. Print the establishment's current trade name.
10. Print the establishment's additional/new trade name.
11. Certification/Affidavit: 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 applicant is the true and actual owner of the business." Please have your signature notarized.

OTHER DOCUMENTS NEEDED:

Trade Name Registration Certificate - Please submit a copy of your Trade Name Registration Certificate from the Department of Consumer and Regulatory Affairs. The Department of Consumer and Regulatory Affairs (DCRA), Business Service Center, 1100 4th Street, SW, Washington, D.C. 20024

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



TRADE NAME CHANGE – NO SUBSTANTIAL CHANGE APPLICATION

OFFICIAL USE ONLY

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. License Holder:			2. License Number:			
3. License Class/Type:		4. Phone Number:		5. E-mail Address:		
6. Premise Address:			City:		State:	Zip Code:
7. <input type="checkbox"/> Additional Trade Name:			8. <input type="checkbox"/> New Trade Name:			
9. Current Trade Name:			10. Additional/New Trade Name:			

11. 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.)

Printed Name: _____			
_____	Subscribed and sworn to before me	_____	My commission
Signature	on this ____ day of ____, 20__.	Notary Public	expires on _____.
Printed Name: _____			
_____	Subscribed and sworn to before me	_____	My commission
Signature	on this ____ day of ____, 20__.	Notary Public	expires on _____.
Printed Name: _____			
_____	Subscribed and sworn to before me	_____	My commission
Signature	on this ____ day of ____, 20__.	Notary Public	expires on _____.

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