ABC LICENSEE CONTACT INFORMATION FORM

Complete the form below to update contact information for a District alcoholic beverage license, including a mailing address, email address, or phone number. The form may not be used to change the physical address of an establishment nor can it be used to change ownership, corporate or trade name information.

- Complete the fields below to update contact information. If a field is not being updated, write “N/A” in the field.
- The following must sign the form:
  - If the applicant is a sole proprietor, the individual must sign;
  - If it is a partnership, each partner must sign;
  - If it is a corporation, the president or vice president must sign;
  - If LLC, the managing member must sign.
- Notarize the form.
- The licensee(s) must provide valid government issued photo identification (ID) along with the form, such as a driver’s license or passport. If the form is being emailed or mailed, provide a copy of the ID.

Forms may be returned to the Alcoholic Beverage Regulation Administration by email, mail or in person:
- abc@dc.gov
- 2000 14th St., NW, Suite 400 South, Washington, DC 20009

<table>
<thead>
<tr>
<th>License Number:</th>
<th>Trade Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Name:</td>
<td>Trade Name:</td>
</tr>
<tr>
<td>New Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>New Email Address:</td>
<td></td>
</tr>
<tr>
<td>New Phone Number:</td>
<td>New Cell Phone Number:</td>
</tr>
</tbody>
</table>

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.

Print Name: __________________________ Signature: __________________________
Subscribed and sworn to before me ______________ on this ___ day of _______, 20___. My commission expires: __________
(Notary Public Signature)

Print Name: __________________________ Signature: __________________________
Subscribed and sworn to before me ______________ on this ___ day of _______, 20___. My commission expires: __________
(Notary Public Signature)

Print Name: __________________________ Signature: __________________________
Subscribed and sworn to before me ______________ on this ___ day of _______, 20___. My commission expires: __________
(Notary Public Signature)

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 the District of Columbia government, call 1-800-521-1638.