



ABC MANAGER ENDORSEMENT APPLICATION

INSTRUCTIONS

On-Premises Retailers, Off-Premises Retailers, and Manufacturers with an On-Site Sales and Consumption endorsement must have the license holder or an ABC Manager on-duty and physically on-site to legally sell and serve alcohol. ABC Manager licenses are issued to and maintained by the person named on the license and are not controlled by any venue, even if paid for by them.

Licensed establishments with an ABC Manager Endorsement can add or replace individuals as ABC Managers as needed. Establishments with this endorsement are permitted to register up to five (5) employees as ABC Managers.

APPLICATION

Complete all sections of the application. In Box 2, "**Number of Managers Licenses Requested**," please indicate if you would like to register five (5) employees (included in the basic endorsement) or if you would like to register additional ABC Manager slots.

Applications with ABCA must be submitted by email to ABCA.AlcoholLicensing@dc.gov or in person at:

- 2000 14th St., NW, Suite 400 South, Washington, DC 20009
- Office Hours: 8:30 a.m. - 4:00 p.m., Monday - Friday

A drop box is located outside the lobby.

FEES

The fee to register for up to five (5) ABC Managers is \$390. Each additional manager costs \$130 per manager. Fees are assessed annually.

Once approved, payment for the endorsement 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. If you wish to pay online, please request a payment link from the Licensing Specialist assigned to your application.

ADDITIONAL INFORMATION

Each ABC Manager working for the licensee under the ABC Manager Endorsement must register with ABCA and provide the supporting documents required of all ABC Managers. Please also be advised that ABC Managers working under the licensee's endorsement must renew their ABC Manager credentials at the same time that the licensee renews their main ABCA license.

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 (800) 521-1638.



ABC Manager Endorsement 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. Licensee Name: (Last, First, Middle):		2. Number of Managers Licenses Requested:		3. License Class:	
4. Entity/Trade Name:			5. License Number:		
6. Address:		City:		State:	Zip Code:
7. Telephone Number:		8. Email:			
<p>9. If applicant is a Sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.</p> <p><i>I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized.</i></p>					
Print Name: _____		Signature: _____			
Subscribed and sworn to before me _____ (Notary Public) on this ____ day of ____, 20__ My commission expires on _____.					
Print Name: _____		Signature: _____			
Subscribed and sworn to before me _____ (Notary Public) on this ____ day of ____, 20__ My commission expires on _____.					
Print Name: _____		Signature: _____			
Subscribed and sworn to before me _____ (Notary Public) on this ____ day of ____, 20__ My commission expires on _____.					
10. In what language do you need vital documents translated?					