



EMPLOYEE MANAGER APPLICATION

OVERVIEW

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 and sell alcohol.

If approved, ABC Manager Licenses are issued to and maintained by the person named in the application for the entire period. An ABC Manager License is not associated with or controlled by any venue even if paid for by a representative from that venue.

ELIGIBILITY

Applicants must be at least 21 years of age. Board Orders and Settlement Agreements apply and may affect eligibility. Additional eligibility conditions are detailed in *DC Official Code Title 25: Alcoholic Beverage Regulation Administration* and *DC Municipal Regulations Title 23: Alcoholic Beverages*.

INSTRUCTIONS

Complete all fields and attach all required documents. Enter “N/A” if questions are not applicable. Enter “Attached” in fields requesting a document. Enter “To be provided” in fields where a required document is permitted to be submitted separately within the specified period.

Submit application packets by email to ABCA.ManagersLicensing@dc.gov or mail/in-person to ABCA, 2000 14th Street NW, 400 South, Washington, DC 20009. A drop box is located outside the lobby.

REQUIRED DOCUMENTS

The following documents must be included with the application to be considered for a permanent license.

1. Personal Information Release Authorization Form

2. Individual Clean Hands Certificate | All Applicants

Certificates issued by the District’s Office of Tax and Revenue, must be dated no earlier than 30 days prior to the application submission date. Certificates may be obtained at mytax.dc.gov. Direct questions to cleanhands.cert@dc.gov.

3. Police Clearance Report(s) | All Applicants

DC residents must provide report from the District’s Metropolitan Police Department (MPD) or an approved third-party service provider. Non-DC residents must provide either (A) One (1) report from MPD and one (1) report from their jurisdiction of residence or (B) one (1) report from an approved third-party service provider.

4. Court Disposition | As Applicable

Applicants with a misdemeanor or felony conviction within five (5) years of the application submission date must include a copy of the relevant court disposition.

5. Alcohol Awareness Training Certificate | All Applicants must submit a certificate of completion from an ABC Board approved provider dated within six (6) months from the application submission date.

License No.	Date Accepted	Accepted By	Hearing Date
Fees Paid \$	From To	Issue Date	From To
Date Approved by ABC Board	Board Initials		
Date Denied by ABC Board	Board Initials		



EMPLOYEE MANAGER APPLICATION

APPLICATION TYPE

New	Renewal (Enter License No. _____) Name change? Previous name _____	Removal of Manager
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APPLICANT/LICENSEE INFORMATION

First Name	Middle Initial	Last Name
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Street Address	City	License No. (If applicable)
Address change since previous licensure period. Previous address _____		

Email	Mobile
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Date of Birth	Place of Birth
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Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes (If yes, you must provide a copy of one (1) of the below documents.) <input type="checkbox"/> U.S. Passport No. _____ Exp. _____ <input type="checkbox"/> U.S. Certificate of Naturalization/Citizenship No. _____ Exp. _____ <input type="checkbox"/> Permanent Resident Card No. _____ Exp. _____ <input type="checkbox"/> Work Permit No. _____ Exp. _____ <input type="checkbox"/> Visa No. _____ Exp. _____	<input type="checkbox"/> No
Have you ever: Received or applied for any alcohol license in DC or U.S. state or territory?	<input type="checkbox"/> Yes (If yes, attach a detailed explanation)	<input type="checkbox"/> No
Had an alcohol license suspended or revoked?	<input type="checkbox"/> Yes (If yes, attach a detailed explanation)	<input type="checkbox"/> No
Been convicted of a misdemeanor or felony within the previous five (5) years?	<input type="checkbox"/> Yes (f yes, attach a copy of the court disposition and detailed explanation.)	<input type="checkbox"/> No
Do you have operational control over or serve in a managerial capacity for an alcohol licensed venue in DC?	<input type="checkbox"/> Yes (If yes, attach a detailed explanation and specify the trade name, license number, and if the venue is owned by yourself and/or an immediate family member?	<input type="checkbox"/> No

CERTIFICATION

- I hereby certify that I have obtained and read Title 25 of the DC Official Code and Title 23 of the DC Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained in them. I, certify, under penalty of perjury, that the statement in the foregoing are true and correct.

Applicant Signature

Date

**ABC Manager Employment Certification
(To be completed by Employer)**

What category of license do you hold? <input type="checkbox"/> Class <input type="checkbox"/> Type <input type="checkbox"/> Commercial Lifestyle <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer	
Entity Name (as it appears on the ABC License):	License Number:
Business Address (as it appears on the ABC License):	
Business Trade Name (as it appears on the ABC License):	
Business Telephone Number:	E-mail Address:
If you are a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, the President or Vice President must sign, if LLC, the managing member must sign the certification below.	
<u>Certification:</u> I hereby certify under penalty of perjury that I/we have employed the above referenced applicant, as an Alcoholic Beverage Control Manager.	
Print Name: _____	
Signature _____	Subscribed and sworn to before me _____ My commission expires on _____ on this ____ day of __, 20__ . Notary Public
Print Name: _____	
Signature _____	Subscribed and sworn to before me _____ My commission expires on _____ on this ____ day of __, 20__ . Notary Public
Print Name: _____	
Signature _____	Subscribed and sworn to before me _____ My commission expires on _____ on this ____ day of __, 20__ . Notary Public



PERSONAL INFORMATION RELEASE AUTHORIZATION

Failure to complete this form may result in processing delays and/or may result in the license being denied.

- I authorize any agent from the Alcoholic Beverage Regulation Administration (ABCA) 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 ABCA, 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.

Signature

Date

First Name

Middle Initial

Last Name

Street Address

City

Email

Mobile

SSN (If no SSN, enter "N/A")