



EXTENDED HOLIDAY HOURS PROGRAM REGISTRATION FORM

OVERVIEW

Alcohol licensed venues registered in the Extended Holiday Hours Program may sell and serve alcohol until 4:00 a.m. and/or operate for up to 24-hours in conjunction with select District Government and federal holidays. An annual calendar detailing eligible holidays and dates is available on the [Extended Hours Calendar](https://abra.dc.gov/page/extended-holiday-hours) at abra.dc.gov/page/extended-holiday-hours.

Extended hours are similarly made available to alcohol venues in conjunction with presidential inaugurations and playoff games involving DC-based professional sports teams. These events are distinct and require separate registration.

ELIGIBILITY

On-Premises Retailers and Manufacturers with an On-Site Sales and Consumption Licenses including Temporary License holders are eligible to register. Board Orders, Mayor's Orders, and Settlement Agreements may affect participation and eligibility.

FEES AND VALID PERIOD

Registration is valid indefinitely and automatically carries into new licensure periods. There is no fee to register.

INSTRUCTIONS

Licensees must complete an *Extended Holiday Hours Program Registration Form* at least 30-days before the first holiday they would like to participate in. Applications are accepted on a rolling basis.

Submit applications to ABCA.AlcoholLicensing@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.

Alcohol License Application

Office Use Only

| | | | |
|-------------|---------------------------|--------|--------------|
| License No. | Date Accepted | By | Hearing Date |
| Approved | Approved w/ Contingencies | Denied | |



EXTENDED HOLIDAY HOURS PROGRAM APPLICATION

Entity Name Trade Name License No.

Licensed Premises Address City ST Postal Code

Licensed Premises Business Phone Licensed Premises Business

Does your venue have a Settlement Agreement? Yes (If yes, attach a copy) No

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.

Applicant First and Last Name Title

Applicant Signature Date