ABCA Alcoholic Beverage and Cannabis Administration

GAMES OF SKILL LICENSE APPLICATION INSTRUCTIONS

Effective October 1, 2025, all establishments, including those with an active Games of Skill Endorsement, must also secure a Games of Skill License from the Alcoholic Beverage and Cannabis Administration.

Valid Period and Fees

Existing Endorsements are valid for the entire alcohol licensure period. An annual fee applies.

- The annual Games of Skill license fee will remain $300 while the annual games of skill endorsement fee will increase from $200 to $500.

- Manufacturer Class A or B licensed venues will no longer be required to have an On-Site Sales and Consumption Permit to offer games of skill.

Submit applications by postal mail, email, or in person at ABCA's office.

899 North Capitol Street NE
Suite 4200-B
Washington, DC 20002

ABCA Alcoholic Beverage and Cannabis Administration

GAME OF SKILL LICENSE APPLICATION

OFFICIAL USE ONLY

License Number:	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. Entity Name (Corporation, LLC, etc.):	2. Licensee Trade Name:	3. ABCA License Number:
4. Business Address as it appears on the ABC License:	5. Business Email Address:	6. Alternate Email Address:
7. Business Telephone Number:	8. Cell Phone Number:	

9. Business Hours of Operation:

Sunday	From	To
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

10. Business Hours of Sales and Service of Alcoholic Beverages:

Sunday	From	To
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

11. State the name(s) of the electronic games of skill to be added, name(s) of the corresponding manufacturer(s) and distributor(s), total number of devices, and where they will be located in the establishment. Please attach a diagram of the location.

12. Do you have a Settlement Agreement? ☐ Yes (Please attach a copy) ☐ No

13. **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.)

Print Name:_____ Signature:_____

Print Name:_____ Signature:_____

14. In what language do you need vital documents translated?

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.