

**GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC  
BEVERAGE AND CANNABIS ADMINISTRATION**



**INSTRUCTIONS FOR FILING A SOLICITOR'S LICENSE APPLICATION**

Return the application to ABCA's office or email ABCA.SolicitorLicense@dc.gov.

Please read all questions carefully. Each question must be answered. If a question or portion of the question does not apply, write "Not Applicable".

**FEE:** The application must be accompanied by the proper license fee. The Solicitor's annual fee is \$325. Please see the attached fee schedule. **All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer or by credit card (Visa or MasterCard only).**

1. **All persons applying for the Solicitor's License must be 21 years of age.**
2. Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. and 3:30 p.m. at 899 North Capitol Street, NE, Suite 4200-B, Washington, DC 20002. Please bring valid government issued identification with you.
3. Please note the term "APPLICANT" as used in this application designates the person in whose name the license will be issued if the application is approved.
4. Your license may be issued the same day or it may be forwarded to the ABC Board for review.
5. Please be advised that you need a separate solicitor's license for each company that employs you.
6. Application forms must be notarized where applicable.
7. Attach extra sheets if necessary. Write "See Attachment" in any space and print your name on the top of each sheet.

**Instructions for the Solicitor's Application:**

1. Print Applicant's Name (Last Name, First Name, and Middle Initial).
2. Print Applicant's Date of Birth.
3. Print Applicant's Place of Birth.
4. Print Applicant's Home Telephone Number.
5. Print Applicant's Home Address (Street Number and Name, City, State and Zip Code).
6. Print Applicant's Cell Phone Number.
7. Print Applicant's E-mail Address.
8. Check appropriate box ("Yes" or "No") if you are eligible to work in the U.S. If yes, please bring in qualifying documents and provide the information requested in Section 9.
9. (a.- e.) Check the appropriate box ("U.S. Passport", "Naturalization Papers", "Work Permit", "Green Card", or Visa") and, if appropriate, list the certificate number in Section 9.f. and expiration date in Section 9.g.
10. (a.-c.) Check the appropriate box ("Yes" or "No") for the following questions:
  - a. Have you ever received or applied for any alcoholic beverage license in DC or any state or any territory?
  - b. Have you ever had an alcoholic beverage license suspended or revoked?
  - c. Have you ever been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years? If yes, attach a copy of the court disposition.
11. Check the appropriate box ("Yes" or "No"), as to whether any member of your immediate family now holds an ABC license or has any financial interest, directly or indirectly, in any ABC licensed establishment in DC.
12. If you have answered "Yes" to any of the questions in Sections 10 or 11 please submit a detailed explanation.
13. Certification: You must sign the certification which states, "I, (Print Name), hereby certify that, I have obtained and read Title 25 of the DC Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I certify under penalty of perjury, that the statements in the foregoing are true and correct." Please have your signature notarized.
14. Please answer the question: In what language do you need vital documents translated?
15. **Solicitor's Employment Certification.** This section is to be completed by Employer.
16. Check the appropriate box ("Yes" or "No") as to whether you are a licensed DC Wholesaler. If you have answered "No", please list the state where you hold a license.
17. Print Company Name (as it appears on ABC license).

18. Print License Number.
19. Print Company Address (as it appears on ABC license).
20. Print Company Trade Name (as it appears on ABC license).
21. Print Business Telephone Number.
22. Print E-mail Address.
23. Sign the Certification, which states "I hereby certify under penalty of perjury that I/we have employed the above referenced Applicant, as an Alcoholic Beverage Control Solicitor." If the Employer is a Sole Proprietor, the individual must sign; if Partnership, each Partner must sign; if Corporation, the President or Vice President must sign; or, if Limited Liability Company, the Managing Member must sign. Please have your signature notarized.

**Other forms required:**

**Clean Hands Certification for the Applicant:**

Secure a certificate from the District's Office of Tax and Revenue verifying that the applicant does not have more than \$100 in outstanding fines owed to the District government. The self-certify page for Clean Hands Certification is no longer valid. All applicants must visit [mytax.dc.gov](http://mytax.dc.gov) to obtain their own Certificate of Clean Hands and submit with the New or Renewal application. This is a new process as of March 2020.

**Police Clearance:**

All applicants must obtain a police clearance from the District of Columbia Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside.

**Court Disposition:**

All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

**Other documents that are required to be submitted only if the person applying for the Solicitor's License is the owner of said business:**

**Federal Permit** obtained from the U.S. Department of Alcohol, Tobacco and Firearms.

**D.C. Corporate Certificate of Good Standing and Articles of Incorporation** obtained from the Department of Consumer and Regulatory Affairs.

**D.C. Sales & Use Tax Certificate of Registration** obtained from OTR.

**NOTE:** The Department of Consumer and Regulatory Affairs, Corporations Division and the Office of Tax and Revenue are located at 1100 4<sup>th</sup> Street, S.W., Washington, DC 20024.

GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC  
BEVERAGE AND CANNABIS REGULATION ADMINISTRATION



**SOLICITOR'S LICENSE FEE SCHEDULE**

Solicitor's Licenses are issued on a three-year cycle. When initially issued a Solicitor's license, the licensee will be billed a pro-rated fee for Year 1, based on the following chart. **PLEASE BE AWARE THAT THIS PRO-RATED FEE PAYS THROUGH THE FIRST YEAR OF THE SOLICITOR'S LICENSE ONLY.** The annual fee of \$325 is also due in both the second year and the third years of the license cycle.

When initially receiving the license, the licensee has the option to pay for only the first year, and/or to pre-pay for year(s) two and/or three. **IF YEAR TWO AND THREE PAYMENTS ARE NOT PAID UP FRONT, THESE FEES WILL BE BILLED ANNUALLY.** Should the licensee fail to keep their license fees current each year, they will face cancellation of their ABRA license.

**Pro-Rated Fees for New Solicitors Licenses, First Year ONLY**

MONTH OF APPLICATION	FEE
July	\$325
August	\$298
September	\$271
October	\$244
November	\$217
December	\$190
January	\$163
February	\$136
March	\$109
April	\$82
May	\$55
June	\$28

**GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC  
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**SOLICITOR'S 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. Applicant's Name (Last Name, First Name, Middle Initial):					
2. Date of Birth:		3. Place of Birth:		4. Home Telephone Number:	
5. Home Address:					
6. Cell Phone Number:			7. E-mail Address:		
8. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please <u>bring in</u> qualifying documents and provide the information requested in Section 9 below.					
9. a. <input type="checkbox"/> US Passport		d. <input type="checkbox"/> Green Card		f. Certificate Number:	
b. <input type="checkbox"/> Naturalization Papers		e. <input type="checkbox"/> Visa		g. Expiration Date:	
c. <input type="checkbox"/> Work Permit					
10. Have you ever:					
a. Received or applied for any alcoholic beverage license in D.C. or any state or territory? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Had an alcoholic beverage license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years? (If yes, attach a copy of the court dispositon(s).) <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. If you have answered Yes to questions 10 or 11, please submit a detailed explanation (attach pages if necessary).					
13. <u>Certification:</u>					
I, _____, hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I certify under penalty of perjury, that the statements in the foregoing are true and correct.					
Signature _____		Subscribed and sworn to before me _____		My commission expires on _____	
		on this ____ day of ___, 20__.		Notary Public	
14. In what language do you need vital documents translated?					

**15. Solicitor's Employment Certification  
(To be completed by Employer)**

16. Are you a licensed DC Wholesaler?  Yes  No If no, please list the state where you hold a license: \_\_\_\_\_

17. Company Name (as it appears on the ABC License):	18. License Number:
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19. Company Address (as it appears on the ABC License):

20. Company Trade Name (as it appears on the ABC License):

21. Business Telephone Number:	22. E-mail Address:
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**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.**

**23. Certification: I hereby certify under penalty of perjury that I/we have employed the above referenced applicant, as an Alcoholic Beverage Control Solicitor.**

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
on this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
on this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
on this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

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**PERSONAL INFORMATION RELEASE AUTHORIZATION**

A Personal Information Release Authorization must be completed if you are one of the following: Sole Proprietor, Partner, Corporate Officer, Managing Member, or General Partner.

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE USING AN INK PEN.

I authorize any agent of the Alcoholic Beverage Regulation Administration, 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 the Alcoholic Beverage Regulation Administration, 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 authorization is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of this authorization form that show my signature are as valid as the original authorization form signed by me.

Failure to complete this form may result in delays in approving your application and may result in the application being denied if this information cannot otherwise be obtained.

\_\_\_\_\_  
Full Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Other Names Used (Print or Type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Home or Cell Phone Telephone Number

***Certification: I hereby certify under penalty of perjury that the foregoing information is true and correct. Further, I hereby authorize the Alcoholic Beverage Control Board, or its employees, to investigate any and all of the information provided by me in this application.***

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
on this \_\_\_\_ day of \_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission  
expires on \_\_\_\_\_.