



## **TASTING PERMIT APPLICATION FOR PRIVATE COLLECTORS INSTRUCTIONS**

A private collector is any unlicensed individual in the District of Columbia that stores bottles of alcohol in a storage facility. The Alcoholic Beverage Control Board (Board) may issue a tasting permit to a private collector to conduct tastings not open to the public. Tastings must occur at a designated common area of a storage facility or a bonded warehouse in the District licensed by the Board for the storage of alcoholic beverages where the private collector is a tenant. Containers of alcoholic beverages used for sampling purposes must be labeled as such and may not be sold. A holder of a tasting permit for private collectors may only conduct tastings between the hours of 8 a.m.-midnight, seven days a week. The tasting permit is valid for a three-year period.

Under this permit, samples of alcoholic beverages can be provided to an individual in the following quantities in one day:

- 3 ounces of spirits (class A or C licenses or private collector);
- 8 ounces of wines (class A or B licenses or private collector); and
- Wine samples may be served no more than 2 ounces at a time

### **FEES**

Payment for the permit 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 or MasterCard. The fees for a tasting permit are as follows:

- \$130 annual fee; and
- One-time \$50 inspection fee.

### **APPLICATION**

Complete all sections of the application. If a section does not apply, write "not applicable". The term "applicant" in this application designates the person in whose name the license will be issued if the application is approved. An applicant that wants to designate another individual to pick up the license must submit a written authorization to ABRA. An applicant must be at least 21 years of age and provide a valid government issued form of identification. Applications with ABRA must be submitted in person at:

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

On the application form, the certification must be signed. The signature must be notarized.

### **REQUIRED DOCUMENTS**

Attach all of the following documents, including the list of vendors. Print your name on the top of each document and write "see attachment" on the form.

- A police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, NW, Washington, DC 20001. Applicants must also submit a police clearance from the local jurisdiction in which they currently reside if it is outside of the District.
- A sketch or diagram designating the tasting location.
- A copy of your lease or rental contract with the storage facility.
- A completed Clean Hands Certification form, provided in this packet.
- A completed Personal History Affidavit form, provided in this packet.
- A completed Personal Information Release Authorization form provided in this packet.
- All persons with a misdemeanor conviction during the last five years or a felony conviction during the last ten years must submit a copy of the court disposition.



**TASTING PERMIT APPLICATION FOR PRIVATE COLLECTORS**

**OFFICIAL USE ONLY**

<b>Permit Number:</b>		<b>Date Accepted:</b>			<b>Accepted by:</b>		
<b>Fees Paid: \$</b>	<b>From:</b>	<b>To:</b>	<b>Issue Date:</b>	<b>From:</b>	<b>To:</b>		
<b>Ward/ANC:</b>							
<b>Date Approved by Board:</b> / /	<b>Initial →</b>						
<b>Date Denied by Board:</b> / /	<b>Initial →</b>						

**TO BE COMPLETED BY APPLICANT**

1. Applicant or Entity Name:

2. Applicant:

3. Permit Number:

4. Contact Number:

5. Contact Email Address:

6. Home Address:

7. Premises Address:

8. Unit Number:

9. List Requested Hours:

<u>Days</u>	<u>Tasting Hours</u>
Sunday	From _____ To _____
Monday	From _____ To _____
Tuesday	From _____ To _____
Wednesday	From _____ To _____
Thursday	From _____ To _____
Friday	From _____ To _____
Saturday	From _____ To _____

10. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant/licensee is the true and actual owner of the business.

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

Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_ My commission expires on \_\_\_\_\_

(Notary Public Signature)

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

Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_ My commission expires on \_\_\_\_\_

(Notary Public Signature)

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

Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_ My commission expires on \_\_\_\_\_

(Notary Public Signature)

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 District of Columbia government, call 1-800-521-1638.



**PERSONAL HISTORY AFFIDAVIT**

Sole proprietor, partner(s), corporate officer(s), director(s), managing member(s), general partner(s), investor(s), or any person or any officer in an entity that has an ownership interest of 10 percent or more.

1. Name (Last, First, Middle Initial):		2. Home Telephone Number:	
3. Residential Address:		4. Email Address:	
5. City:	6. State:	7. Zip Code:	
8. Date of Birth:	9. Place of Birth:		
10. Are you eligible to work in the United States?    Yes    No    If yes, please bring in qualifying documents and provide the information below.			
11. a.    US Passport	d.    Permanent Resident Card	f. Certificate Number:	g. Expiration Date:
b.    Naturalization Papers	e.    Visa		
12. Have you ever:			
a. Received or applied for any alcoholic beverage license in D.C. or any state or territory?    Yes    No			
b. Had any alcoholic beverage license suspended or revoked?    Yes    No			
c. Been convicted of a misdemeanor during the last five years or a felony during the last ten years? If yes, attach a copy of the court dispositon(s):    Yes    No			
13. 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?    Yes    No			
14. If you have answered yes to question 11 or 12, please provide detailed information below:			
_____			
_____			
15. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant/licensee is the true and actual owner of the business.			
Print Name: _____		Signature: _____	
Subscribed and sworn to before me _____ on this ____ day of ____ 20 ____ .    My commission expires on _____			
(Notary Public Signature )			

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**PERSONAL INFORMATION RELEASE AUTHORIZATION**

*NOTE: An Information Release Authorization must be completed if you are a sole proprietor, partner(s), corporate officer(s), director(s) of corporation, managing member(s), general partner(s).*

CAREFULLY READ THIS AUTHORIZATION TO RELEASE YOUR INFORMATION.

I authorize any agent from the Alcoholic Beverage Regulation Administration (ABRA) 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 ABRA and that these users may redisclose 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.

Failure to complete this form may result in delays of obtaining your license or the license being denied if this information cannot otherwise be obtained.

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

\_\_\_\_\_  
Signature

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

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

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

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Date

15. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public      My commission expires on \_\_\_\_\_.

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## INDIVIDUAL CLEAN HANDS CERTIFICATE

ALL INDIVIDUALS THAT HAVE AN OWNERSHIP INTEREST MUST COMPLETE THIS FORM. PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996 (D.C. LAW 11V 118, D.C. OFFICIAL CODE SEC. 47V 2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

I, \_\_\_\_\_, as \_\_\_\_\_,  
(Name - Print or Type) (Applicant's Title)

certify that \_\_\_\_\_, social security number \_\_\_\_\_  
(Home Address)

as of this date \_\_\_\_\_, does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6---100; D.C. Official Code Sec. 8---801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10C 117; D.C. Official Code Sec. 8C 901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6C 42; D.C. Official Code Sec. 2C 1801.01 *et seq.*); or
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority Service Fees;
6. Traffic adjudication fines or penalties;
7. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
8. Fines assessed to car dealers; and
9. Fines assessed pursuant to the Taxicab and Limousine Commission Establishment Amendment Act of 2004.

**I understand that if I knowingly falsify this certification, the administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the administration may conduct an investigation to ascertain the veracity of this certification.**

**I understand that this certification is required as documentation to accompany my application for a license or permit, and that by completing this certification, I am not guaranteed that my license or permit will be approved.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
ABC Application Number

\_\_\_\_\_  
ABC License Number

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