



The following instructions are intended for alcoholic beverage control (ABC) licensees for cancellation of an alcoholic beverage license in the District of Columbia.

GENERAL APPLICATION INSTRUCTIONS

- The term "applicant," referenced in question one of this application, designates a person who is an owner of the establishment authorized by the Alcoholic Beverage Regulation Administration (ABRA).
- To be accepted, the application MUST be signed by an authorized owner.
- The application can be submitted by mail, email to abc@dc.gov, or ABRA self-service drop box located in ABRA's office:
 - 2000 14th St, NW, Suite 400 South, Washington, DC 20009.
- Attach license to application. Print your name on the top of each document. If submitting through mail or dropbox, write "see attachment" on form.

ALCOHOLIC BEVERAGE LICENSE CANCELLATION APPLICATION

License Number:		Date Accepted:		Accepted by:		Hearing Date:	
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 (Last Name, First Name, Middle Initial) or Entity:		2. Mobile Number:		3. Email Address:	
4. Alternate Email Address:		5. Trade Name:		6. Business Number:	
7. License Number:	8. Business Address:			9. Date of Cancellation:	
10. Reason for Cancellation:					
11. Type of Applicant: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (LLP or LP)					
12. Note on certification: if the applicant is a sole proprietor, the individual must sign; if partnership, each partner must sign; if corporation, president or vice president must sign; if LLC, managing member must sign. 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 is the true and actual owner of the business.					
Print Name: _____		Title: _____		Signature: _____	
Subscribed and sworn to before me _____ on this ____ day of _____, 20____. My commission expires _____.					
(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.