



DESIGNATION OF ATTORNEY OR AGENT

OWNER INFORMATION:

1. License Number, if applicable:	
2. Trade Name:	
3. Establishment's Address:	
4. Telephone Number:	5. Email Address:

I am authorizing my attorney or agent to represent me for the reasons listed below:

Applicant/Licensee Printed Name:	Signature:	Date:
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6. Filing an Application for:

Alcohol Wholesaler Retailer Class A Class B Class C Class D Manufacturer Caterer Entertainment Endorsement Tasting Sidewalk Café/Summer Garden Change of Hours Change of Officer	7. Show Cause Hearing to include entering into an Offer in Compromise
	8. Protest Hearing
	9. Fact Finding Hearing
	10. Other Hearing

ATTORNEY OR AGENT INFORMATION :

11. Name of Agent or Attorney:	Signature:	Date:
12. Address:		
13. DC Bar No.	14. Telephone Number:	15. E-mail Address:

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.