

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



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

The following instructions are intended for individual and retail applicants who are applying for an Alcoholic Beverage Control (ABC) Caterer's license. **Applications will only be accepted when ALL of the information is provided.**

**The application must be signed by the following:**

If the applicant is a **Sole Proprietor**, the individual must sign.

If the applicant is a **Partnership**, all partners must sign and submit a copy of the partnership agreement.

If the applicant is a **Corporation**, the President or Vice President must sign. Certified Articles of Incorporation and a Certificate of Organization must be provided. These documents may be obtained from the Department of Consumer and Regulatory Affairs (DCRA), Corporations Division. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.

If the applicant is a **Limited Liability Company**, the managing member(s) must sign. The Articles of Organization, the Operating Agreement, Certificate of Organization and Certificate of Good Standing must be submitted. These documents may be obtained from the Corporations Division of DCRA.

If the applicant is a **Limited Partnership**, the general partner(s) must sign. If the general partner is a corporation, the corporate documents may be obtained from the Corporations Division of DCRA. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.

**GENERAL INSTRUCTIONS.**

1. All applications must be filed in duplicate.
2. **All persons applying for an ABC License must be at least 21 years of age.**
3. Applications must be mailed in, or submitted in person, Monday through Friday, between the hours of 8:30 a.m. and 3:30 p.m., at **2000 14<sup>th</sup> Street, NW, 4<sup>th</sup> Floor, Washington, D.C. 20009**. Please enclose a copy of, or bring in valid government issued identification.
4. 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.
5. All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, 300 Indiana Avenue, NW, Washington, D.C. 20001. **In addition, you must submit a police clearance for the jurisdiction in which you currently reside, if different than the District of Columbia.**
6. 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.
7. Application forms must be notarized where applicable.
8. **FEE:** The Caterer's license fee varies. A licensing specialist will provide you with the correct license fee that is due. There is a processing fee of Seventy-Five and No/100 Dollars (\$75.00). There is a transfer fee of Two Hundred and Fifty and No/100 Dollars (\$250.00). Attached is a schedule of the fees. **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).**
9. **OTHER DOCUMENTS:** All applicants must file for a D.C. Business Tax ID Number at the Office of Tax and Revenue (OTR). Please have all individuals that have completed the Personal History Affidavit and the Personal Information Release Authorization, also complete and submit a Clean Hands Certification. All transferors and any transferees whose entity has been in existence for more than ninety (90) days must also submit a Certificate of Good Standing from OTR.
10. Attach extra sheets if the space provided under any item is inadequate. Write "**See Attachment**" in any such space, and indicate the name of the applicant and date of the application at the top of each sheet.

**NOTE:**

The address of the Department of Consumer and Regulatory Affairs Business Service Center is 1100 4<sup>th</sup> Street, S.W., Washington, D.C. 20024.

The address of the District of Columbia's Office of Tax and Revenue is 1100 4<sup>th</sup> Street, S.W., Washington, D.C. 20024.

## Caterer's Annual License Fee\*

More than \$1,000,000 per year gross annual receipts	\$5,000
\$1,000,000 or less per year gross annual receipts	\$4,000
\$500,000 or less per year gross annual receipts	\$3,000
\$300,000 or less per year gross annual receipts	\$2,000
\$200,000 or less per year gross annual receipts	\$1,500
\$100,000 or less per year gross annual receipts	\$1,000
\$50,000 or less per year gross annual receipts	\$750
\$25,000 or less per year gross annual receipts	\$500

*\*The annual license fee for a Caterer's license shall be based on the amount of the Caterer's gross annual receipts generated in the District of Columbia. As part of the application, the Applicant shall provide a signed affidavit stating the Applicant's annual gross receipts from catering in the District of Columbia for the previous year, as well as any supporting documentation necessary to verify the statement of the Applicant.*

### Caterer's Prorated License Fee Schedule

The following fees are prorated based on the month the application is submitted.

Annual Gross Receipts	\$1,000,000 +	\$1,000,000- \$500,001	\$500,000- \$300,001	\$300,000- \$200,001	\$200,000- \$100,001	\$100,000- \$50,001	\$50,000- \$25,001	\$25,000-\$0
Licensure Period								
<b>April</b>	\$ 5,000	\$ 4,000	\$ 3,000	\$ 2,000	\$ 1,500	\$ 1,000	\$ 750	\$ 500
<b>May</b>	\$ 4,583	\$ 3,667	\$ 2,750	\$ 1,833	\$ 1,375	\$ 917	\$ 687	\$ 458
<b>June</b>	\$ 4,166	\$ 3,334	\$ 2,500	\$ 1,666	\$ 1,250	\$ 834	\$ 624	\$ 416
<b>July</b>	\$ 3,749	\$ 3,001	\$ 2,250	\$ 1,499	\$ 1,125	\$ 751	\$ 561	\$ 374
<b>August</b>	\$ 3,332	\$ 2,668	\$ 2,000	\$ 1,332	\$ 1,000	\$ 668	\$ 498	\$ 332
<b>September</b>	\$ 2,915	\$ 2,335	\$ 1,750	\$ 1,165	\$ 875	\$ 585	\$ 435	\$ 290
<b>October</b>	\$ 2,498	\$ 2,002	\$ 1,500	\$ 998	\$ 750	\$ 502	\$ 372	\$ 248
<b>November</b>	\$ 2,081	\$ 1,669	\$ 1,250	\$ 831	\$ 625	\$ 419	\$ 309	\$ 206
<b>December</b>	\$ 1,664	\$ 1,336	\$ 1,000	\$ 664	\$ 500	\$ 336	\$ 246	\$ 164
<b>January</b>	\$ 1,247	\$ 1,003	\$ 750	\$ 497	\$ 375	\$ 253	\$ 183	\$ 122
<b>February</b>	\$ 830	\$ 670	\$ 500	\$ 330	\$ 250	\$ 170	\$ 120	\$ 80
<b>March</b>	\$ 417	\$ 333	\$ 250	\$ 167	\$ 125	\$ 83	\$ 63	\$ 42

## **FILING INSTRUCTIONS:**

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

### **ABC APPLICATION:**

1. a. Check the CATERER box.  
b. If the applicant currently holds another on-premises retailer's license please check the appropriate boxes and enter the license number.  
c. Please indicate the estimated amount of annual gross receipts and provide a copy of your most recent: (1) District of Columbia D-20 Corporation Franchise Tax Return; or (2) District of Columbia D-30 Unincorporated Business Franchise Tax Return.  
d. If the applicant wishes to acknowledge annual gross receipts in excess of \$1 million, they may check this box in lieu of providing the documents requested in 1c above, and pay the caterer's license fees associated with that income classification.
2. Print applicant's individual name (Last, First, Middle Initial) or entity name.
3. Print applicant's trade name.
4. Print applicant's business address.
5. Print applicant's mailing address, if different from business address.
6. Print applicant's business telephone number.
7. Print applicant's cell phone number.
8. Print applicant's fax number.
9. Print applicant's email address.
10. Check appropriate box for type of applicant: Sole Proprietor, Corporation, Partnership, LLC or Other (PLLC, PA, PC).
11. List the name, title, and address of any Sole Proprietor or all Partners.
12. List the name, title, and address of all Corporate Officers, LLC Managing Members, and General Partners who have an ownership interest. List each individual's total number of shares or percentage of interest.
13. List the total number of stocks/shares distributed. State the number of stocks/shares authorized and issued.
14. Check the appropriate box ("Yes" or "No") as to whether any administrative action has been taken against the applicant or any person listed above regarding ABC violations in DC or any state. If yes, please explain what administrative actions were taken, date, location of action, and the disposition.
15. You must sign the certification, which states, "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." Please have your signature notarized.
16. Please answer the question: In what language do you need vital documents translated?

### **ADDITIONAL DOCUMENTS REQUIRED FOR A CATERER'S LICENSE:**

#### **FINANCIAL AFFIDAVIT**

Provide the trade name of the establishment. Although you will complete this form, please be advised that a Licensing Specialist or the ABC Board may request the actual documentation for the source of the monies.

- A. List the Expenses for: 1. Purchase Price for Stock/Interest, 2. Down Payment, 3. Amount Financed, 4. Working Capital, 5. Inventory. Add lines 1-5 and enter the amount for Total Cost of Expenses.
- B. List the Source of Funds to satisfy the transaction. Total Source of Funds must be equal to or greater than the Total Cost of Expenses. Funds dispersed to satisfy the transaction prior to the application must be accounted for in these areas: 1. Cash on Hand, 2. Savings Account, 3. Checking Account, 4. Certificate of Deposit, 5. Promissory Note(s), 6. Loan(s), 7. Other. Add lines 1-7 and enter the amount for Total Source Funds. *Please be sure that the Total Source of Funds in Section B is equal to or exceeds the Total Cost of Expenses in Section A.*
- C. You must sign the certification, which states, "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct." Please have your signature notarized

## **PERSONAL HISTORY AFFIDAVIT**

Each applicant such as a Sole Proprietor, Partner, General Partner in a Limited Partnership, Officer, Director or Managing Manager in a Limited Liability Company, Corporate Officer or Director in a Corporation with an ownership interest of 10% or more must complete a Personal History Affidavit.

1. Check the appropriate box if you are filing a "New Application", "Transfer Application", or "Stock Transfer Application".
2. Print applicant's trade name.
3. Print individual name (Last Name, First Name, Middle Initial).
4. Print individual's title.
5. Print individual's residential address.
6. Print individual's business phone number.
7. Print individual's home phone number.
8. Print individual's cell phone number.
9. Print individual's e-mail address.
10. Print individual's date of birth.
11. Print individual's place of birth.
12. 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 13.
13. (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 13.f. and expiration date in Section 13.g.
14. (a.-c.) Check the appropriate box ("Yes" or "No") for the following questions:
  - i. Have you ever received or applied for any alcoholic beverage license in DC or any state or any territory?
  - ii. Have you ever had an alcoholic beverage license suspended or revoked?
  - iii. Have you ever been convicted of a misdemeanor during the last five (5) years and/or a felony during the last ten (10) years? If yes, attach copy of the court disposition.
15. 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 the District of Columbia.
16. If you have answered "Yes" to any of the questions in Sections 14 or 15 please submit a detailed explanation.
17. You must sign the certification which states, "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct." Please have your signature notarized.

## **PERSONAL INFORMATION RELEASE AUTHORIZATION**

Please complete this form by providing your full name, signature, other names used, social security number, current address, and home or cell phone number. You must sign the certification which states, "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." Please have your signature notarized.

## **ATTORNEY/AGENT DESIGNATION FORM**

This form must be submitted for any attorney/agent who wishes to represent an applicant/licensee. Please complete this form by providing the applicant/licensee's name, the license number (if applicable), the trade name, and the establishment's address. Check the appropriate box if you are filing an application for a "Wholesaler", "Retailer" (Class A, B, C or D), "Caterer", "Entertainment Endorsement", "Tasting", "Sidewalk Café/Summer Garden", "Change of Hours", "Change of Officers", "Contested case(s) other than a Protest Hearing", or "Protest Hearing". Print the attorney/agent name, business address, telephone number, and e-mail address. The attorney/agent must sign and date the form. The applicant/licensee must also sign and date the form.

## **BUSINESS ENTITY AND INDIVIDUAL CLEAN HANDS CERTIFICATION**

Please complete the Business Entity Clean Hands Certification. All individuals that have an ownership interest must also complete the individual Clean Hands Certification. ABRA staff will verify the status of the business entity or individual clean hands certification after the application package is submitted. This certification is required by the Clean Hands Act of 1996; effective May 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 ET SEQ.) before you are eligible to receive a license or permit.

### **SPECIAL 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 (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ABRA APPLICATION – CATERER’S LICENSE**

**FOR OFFICIAL USE ONLY**

Application Number: _____	<input type="checkbox"/>	New	Date Accepted: _____
License Number: _____	<input type="checkbox"/>	Transfer	Date Issued: _____
Control Number: _____	<input type="checkbox"/>	Transfer With Sale	Hearing Date: _____
	<input type="checkbox"/>	Transfer Without Sale	Accepted By: _____
	<input type="checkbox"/>	Stock Transfer	
Fees Paid: \$ _____	From _____	To _____	License Period: From _____ To _____
Board Approved Date: _____	Board Member's Initials: → _____		

**TO BE COMPLETED BY APPLICANT**

1a. Type of license:  Caterer

b. Does applicant currently hold one of the following on-premises retailer's licenses?  
 C  
 D  Restaurant  Tavern  Nightclub  Hotel  Club  Multi-Purpose Facility License Number: \_\_\_\_\_

c. Estimated amount of annual gross receipts: \_\_\_\_\_. Please attach a copy of the applicant's most recent (1) District of Columbia D-20 Corporation Franchise Tax Return; or (2) District of Columbia D-30 Unincorporated Business Franchise Tax Return.

d.  I/We certify that I/we have gross receipts in excess of \$1 million annually, and agree to pay the caterer's license fees associated with that income classification, in lieu of providing the documents requested in 1c above.

2. Name of Individual Applicant (Last Name, First Name, Middle Initial) or Entity:	3. Trade Name:
4. Business Address:	5. Mailing Address (if different from Business Address):
6. Business Telephone Number:	7. Cell Phone Number:
8. Fax Number:	9. E-mail Address:
10. Type of Applicant: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (PLLC, PA, PC)	

11. List the name, title, and address of any Sole Proprietor or all Partners below.

Name and Title	Address

12. List the name, title, address, and percentage of interest for all Corporate Officers, LLC Managing Members, and General Partners below.

Name and Title	Address	# of Shares/ % interest or more

13. List the total number of stocks/shares distributed: Authorized \_\_\_\_\_ Issued \_\_\_\_\_

14. Has there been any administrative action taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any other state?  Yes  No If yes, please explain below what administrative actions were taken, the location of the action and the disposition.

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 named applicant is the true and actual owner of the business. (If the applicant is a Sole Proprietor, the individual must sign below; if Partnership, each Partner must sign below; if Corporation, the President or Vice President must sign below; if Limited Liability Company, the Managing Member must sign below.)

	Subscribed and sworn to before me _____	My commission
Signature	on this ____ day ____, 20__ Notary Public	expires on _____.
	Subscribed and sworn to before me _____	My commission
Signature	on this ____ day ____, 20__ Notary Public	expires on _____.
	Subscribed and sworn to before me _____	My commission
Signature	on this ____ day ____, 20__ Notary Public	expires on _____.

16. In what language, if any, do you need vital documents translated?

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**FINANCIAL AFFIDAVIT**

TRADE NAME: \_\_\_\_\_

**A. EXPENSES**

- |                                      |                 |
|--------------------------------------|-----------------|
| 1. PURCHASE PRICE FOR STOCK/INTEREST | \$ _____        |
| 2. DOWN PAYMENT                      | \$ _____        |
| 3. AMOUNT FINANCED                   | \$ _____        |
| 4. WORKING CAPITAL                   | \$ _____        |
| 5. INVENTORY                         | \$ _____        |
| <b>TOTAL COST OF EXPENSES</b>        | <b>\$ _____</b> |

**B. SOURCE OF FUNDS** List the source of funds used to satisfy the transaction. The total Source of Funds must be equal to or greater than the Total Cost of Expenses.

- |                              |                 |
|------------------------------|-----------------|
| 1. CASH ON HAND*             | \$ _____        |
| 2. SAVINGS ACCOUNT *         | \$ _____        |
| 3. CHECKING ACCOUNT*         | \$ _____        |
| 4. CERTIFICATE OF DEPOSIT*   | \$ _____        |
| 5. PROMISSORY NOTE(S)*       | \$ _____        |
| 6. LOAN(S)*                  | \$ _____        |
| 7. OTHER*                    | \$ _____        |
| <b>TOTAL SOURCE OF FUNDS</b> | <b>\$ _____</b> |

**\*NOTE:** Account for all funds dispersed to satisfy the transaction prior to the application.

**C. Certification:** *I hereby certify under penalty of perjury that the information in this application is true and correct.* (If applicant is a Sole Proprietor, the individual must sign below; if Partnership, each Partner must sign below; if Corporation, the President or Vice President must sign below; if LLC, the Managing Member must sign below.)

Print Name: _____	Subscribed and sworn to before me _____	My commission _____
Signature _____	on this ____ day of ___, 20__.	Notary Public expires on _____.
Print Name: _____	Subscribed and sworn to before me _____	My commission _____
Signature _____	on this ____ day of ___, 20__.	Notary Public expires on _____.
Print Name: _____	Subscribed and sworn to before me _____	My commission _____
Signature _____	on this ____ day of ___, 20__.	Notary Public expires on _____.

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**Personal History Affidavit**

A Personal History Affidavit is to be completed by a Sole Proprietor, Partner, Corporate Officer, Director, Managing Member, General Partner, Investor, or any person that has an ownership interest of 10% or more.

1. <input type="checkbox"/> New Application <input type="checkbox"/> Transfer Application <input type="checkbox"/> Stock Transfer Application		2. Trade Name:	
3. Name of Individual (Last Name, First Name, Middle Initial):		4. Title:	
5. Residential Address:			
6. Business Phone Number:		7. Home Phone Number:	
		8. Cell Phone Number:	
9. E-mail Address:		10. Date of Birth:	11. Place of Birth:
12. 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 13 below:			
13. a. <input type="checkbox"/> US Passport b. <input type="checkbox"/> Naturalization papers c. <input type="checkbox"/> Work permit		d. <input type="checkbox"/> Green card e. <input type="checkbox"/> Visa	f. Certificate number:
			g. Expiration date:
14. 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 any 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 and/or a felony during the last ten (10) years? (If yes, attach a copy of the court disposition(s).) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. 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			
16. If you have answered yes to question 14 or 15, please provide detailed information below.			
17. <b><u>Certification:</u></b> I hereby certify under penalty of perjury that the information in this application is true and correct.			
_____ Subscribed and sworn to before me		_____ My commission	
Signature	on this ____ day of ____, 20__.	Notary Public	expires on _____.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



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 \_\_\_\_\_.

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**ATTORNEY/AGENT DESIGNATION**

*Please enter my appearance as an Attorney/Agent for:*

<b>1. Applicant/Licensee Name:</b>
<b>2. License Number, if applicable:</b>
<b>3. Trade Name:</b>
<b>4. Establishment's Address:</b>

*The purpose of the Attorney/Agent Designation form is to represent the Applicant/Licensee for the following reason(s):*

<b>5. Filing an Application for a:</b> a. <input type="checkbox"/> Wholesaler b. <input type="checkbox"/> Retailer <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D c. <input type="checkbox"/> Caterer d. <input type="checkbox"/> Entertainment Endorsement e. <input type="checkbox"/> Tasting f. <input type="checkbox"/> Sidewalk Café/Summer Garden g. <input type="checkbox"/> Change of Hours h. <input type="checkbox"/> Change of Officers	<b>6. <input type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below:</b>	<b>7. <input type="checkbox"/> Protest Hearing</b>
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<b>8. Print Name:</b>	
<b>9. Address:</b>	
<b>10. Telephone Number:</b>	<b>11. E-mail Address:</b>
<b>12. Attorney/Agent Signature</b> _____	<b>Date</b> _____
<b>13. Applicant/Licensee Signature</b> _____	<b>Date</b> _____

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



<b>FOR OFFICIAL USE ONLY</b>
<b>OFFICE OF TAX &amp; REVENUE (OTR)</b>
_____ SIGNATURE
_____ DATE

**BUSINESS ENTITY CLEAN HANDS CERTIFICATION**

**SELLER**
                         
  **BUYER**

<b>A. License Number:</b>	<b>B. FEIN Number:</b>
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**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 ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

We certify that the entity does not owe more than One Hundred and No/100 Dollars (\$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 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the District of Columbia Traffic Adjudication Act of 1978, effective September 12, 1978 (D.C. Law 2-104; D.C. Official Code § 50-2301.01 *et seq.*);
4. 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 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*);
5. Fines, penalties or interest assessed pursuant to the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986 (D.C. Law 6-97; D.C. Official Code § 50-301 *et seq.*);
6. Fines, penalties or interest assessed pursuant to the Compulsory/No-Fault Motor Vehicle Insurance Act of 1982, effective September 18, 1982 (D.C. Law 4-155; D.C. Official Code § 31-2401 *et seq.*);
7. Past due taxes;
8. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937, approved August 17, 1937 (50 Stat. 680; D.C. Official Code § 50-1501.02(i));
9. Parking fines or penalties assessed by other jurisdictions, provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
10. Past due District of Columbia Water and Sewer Authority Service charges or fees; or
11. Vehicle conveyance fees, as that term is defined in § 50- 2302.01(i).

**We understand that if we knowingly falsify this Certification, the Administration will move to revoke the license or permit for which we are applying, and fine us One Thousand and No/100 Dollars (\$1,000.00). We further understand that the Administration may conduct an investigation to ascertain the veracity of this Certification. We understand that this Certification is required as documentation to accompany our application for a license or permit, and that by completing this Certification, we are not guaranteed that our license or permit will be approved. (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	Title	Signature	Date

**SPECIAL 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 (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FOR OFFICIAL USE ONLY
OFFICE OF TAX & REVENUE (OTR)
_____ SIGNATURE
_____ DATE

**CLEAN HANDS CERTIFICATION**

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 ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

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

residing at \_\_\_\_\_, with Social Security Number \_\_\_\_\_,  
(Home Address)

certify that as of this date \_\_\_\_\_, I do not owe more than One Hundred and No/100 Dollars (\$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 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the District of Columbia Traffic Adjudication Act of 1978, effective September 12, 1978 (D.C. Law 2-104; D.C. Official Code § 50-2301.01 *et seq.*);
4. 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 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*);
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\_\_\_\_\_  
Signature

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

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

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

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