

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



INSTRUCTIONS FOR FILING A CHANGE OF OFFICER, DIRECTOR, PARTNER, GENERAL PARTNER, MEMBER OR MANAGING MEMBER

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".

FEE: The application must be accompanied by the proper fee. The fee to change an officer, director, partner, general partner, member or managing member is One Hundred and No/100 Dollars (\$100.00). 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). Applications can be mailed or hand delivered to 899 North Capitol Street NE, Suite 4200-B, Washington DC 20002.

- All persons applying for a change of officer, director, partner, general partner, member or managing member must be 21 years of age.
- Each new officer, director, partner, general partner, member or managing member must complete and submit a notarized copy of the attached application. All questions must be answered and the required information and/or documents submitted.
- If the applicant is a corporation, submit the minutes of the Board of Director's meeting verifying the election of the officer or director, attested by the Secretary with the corporate seal affixed. If the applicant is a partnership, submit a partnership agreement verifying the partner or general partner. If the applicant is a limited liability company, submit an operating agreement verifying the election of the member or managing member.

General Instructions for Questions:

1. Print applicant's name (Last Name, First Name, Middle Initial) and title.
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 address, 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 and/or a felony during the last ten (10) years? If yes, attach 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. Provide the following information:
 - a. Licensee's Name (as shown on ABC license);
 - b. Trade Name (as shown on ABC License);
 - c. Business Address (as shown on the ABC license);
 - d. License Class;
 - e. Business Telephone Number; and
 - f. License Number.
14. Provide the applicant's number of shares of stock or percentage of interest.
15. Certification/Affidavit: 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 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.

OTHER REQUIRED DOCUMENTS:

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 filing 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 INFORMATION RELEASE AUTHORIZATION:

Complete this form by providing your full name, signature, other names used, social security number, current home address, home or cell phone number. Have your signature notarized. This form allows ABRA personnel to investigate you and the information contained in this application.

POLICE CLEARANCE:

All applicants must obtain a police clearance from the District of Columbia's 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 and/or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

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.

CLEAN HANDS CERTIFICATION:

Complete the Clean Hands Certification. ABRA staff will verify the status.

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

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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**APPLICATION FOR A CHANGE OF OFFICER, DIRECTOR, PARTNER, GENERAL PARTNER,
MEMBER OR MANAGING MEMBER**

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) and Title:					
2. Date of Birth:		3. Place of Birth:		4. Home Telephone Number:	
5. Home Address:			City:		State: Zip Code:
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			
c. <input type="checkbox"/> Work Permit				g. Expiration Date:	
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 and/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 question 10 and 11 please submit detailed explanation.					
13. Provide the following information below:					
13a. Licensee's Name (As shown on the ABC License):			13b. Trade Name: (As shown on the ABC License):		
13c. Business Address (As shown on the ABC License):					

13d. License Class:	13e. Business Telephone Number:	13f. License Number
14. Applicant's Number of Shares of Stock and/or Percentage of Interest:		
15. <u>Certification:</u> 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, 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.)		
Printed Name: _____		
_____ Signature	Subscribed and sworn to before me on this ____ day of _____, 20__.	_____ Notary Public
My commission expires on _____		
Printed Name: _____		
_____ Signature	Subscribed and sworn to before me on this ____ day of _____, 20__.	_____ Notary Public
My commission expires on _____		
16. In what language do you need vital documents translated?		

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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 Home Address

Home or Cell Phone Number

Certification: *I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, 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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ATTORNEY/AGENT DESIGNATION FORM

Please enter my appearance as an Attorney/Agent for:

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

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

5. Filing an Application for a: 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	6. <input type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below:	7. <input type="checkbox"/> Protest Hearing
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8. Print Name:	
9. Address:	
10. Telephone Number:	11. E-mail Address:
12. Attorney/Agent Signature _____	Date _____
13. Applicant/Licensee Signature _____	Date _____

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