

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



**CORPORATE NAME CHANGE/LIMITED LIABILITY COMPANY NAME CHANGE**

**OFFICIAL USE ONLY**

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. Corporate Name:			2. Proposed Corporate Name:		
3. License Number:			4. License Class:		
5. Street Name		City	State	Zip Code	
6. Business Telephone Number					

<b>7. President or Vice President must sign if Corporation; Managing Members must sign if Limited Liability Company.</b>			
Certification: I hereby certify under the penalty of perjury that the information in this application and attachments are true and correct. I also certify that the above applicant is the true and actual owner of the business.			
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 _____.

**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.