



## ALCOHOL LICENSE APPLICATION

### OVERVIEW

The **Alcohol License Application** must be completed by all parties requesting to sell, serve, manufacture, transport, or to allow on-premises consumption of alcohol in DC; to place their license in safekeeping; or to modify or transfer their business operations, ownership, officers, or location.

### ELIGIBILITY

Applicants must be at least 21 years of age. Board Orders and Settlement Agreements apply and may affect eligibility. Additional eligibility conditions are detailed in *DC Official Code Title 25: Alcoholic Beverage Regulation Administration* and *DC Municipal Regulations Title 23: Alcoholic Beverages*.

Applications must be submitted timely and approved the Alcoholic Beverage Control (ABC) Board. ABRA staff cannot approve or issue licenses independently. Some applications may be subject to a 45-day public comment period.

If approved, the individual listed on the license is the only person permitted to pick up the license unless a written request is submitted in advance to [abc@dc.gov](mailto:abc@dc.gov).

### FEES AND VALID PERIOD

Fees vary by license class and type.

Most licenses are issued for three (3) year periods with all licenses of the same category and class expiring on the same date regardless of the date of issuance. Licenses must be renewed by the stated deadline to remain active. View the current fee and renewal schedule at [abra.dc.gov/page/alcohol-fees](http://abra.dc.gov/page/alcohol-fees).

Accepted methods of payment include check, cashier's check, money order, or credit card. Checks must be addressed to the "DC Treasurer". Online payments are accommodated upon request.

### INSTRUCTIONS

Complete all application fields and attach any required documents and addendums. Enter "N/A" if questions are not applicable. Enter "Attached" in fields requesting a document.

Submit application packets by email to [abc@dc.gov](mailto:abc@dc.gov) or mail/in-person to ABRA, 2000 14th Street NW, 400 South, Washington, DC 20009. A drop box is located outside the lobby.

### SECTION I | APPLICATION TYPE

Select the applicable application type. Options include:

- **New License**  
For applicants seeking a manufacturer, wholesaler, retailer, third-party delivery, or commercial lifestyle license.
- **Transfer with Sale**  
For applicants seeking to transfer a license with sale of the business entity to a new owner.

- **Transfer without Sale**  
For applicants seeking to transfer a license without sale of the business entity to a new owner.
- **Transfer to a New Location (Settlement Agreement)**  
For applicants seeking to transfer a license with an associated Settlement Agreement to a new location.
- **Transfer to a New Location (No Settlement Agreement)**  
For applicants seeking to transfer a license with no associated Settlement Agreement to a new location.
- **Stock Transfer**  
For applicants seeking to transfer ownership interest within a licensed entity while maintaining the same license ownership.
- **Substantial Change**  
For applicants seeking to transfer a license to a new owner with changes to the business operation.
- **No Substantial Change**  
For applicants seeking to transfer a license to a new owner with no changes to the business operation.
- **404.2**  
For applicants with a Certificate of Occupancy seeking to start business operations prior to the issuance of all licenses and permits.
- **405.1**  
For applicants without a Certificate of Occupancy seeking to start business operations prior to the issuance of all licenses and permits.
- **Safekeeping**  
For applicants ceasing business operations for 21 or more consecutive days that want to maintain the license.

## SECTION II | PRIMARY APPLICANT INFORMATION

Enter the information for the individual or business entity that the license should be issued to if approved.

## SECTION III | LICENSE CLASS AND TYPE

*(Skip to Section V if you are a Wholesaler)*

Select the license class and type you are requesting for your business operation. Options include:

- **On-Premises Retailer**  
Class C: Permits the sale, service, and consumption of spirits, beer, and wine on the licensed premises.  
Class D: Permits the sale, service, and consumption of beer and wine on the licensed premises.
- **Club**  
Class C: Permits the sale, service, and consumption of spirits, beer, and wine at a club.  
Class D: Permits the sale, service, and consumption of beer and wine at a club.
- **Off-Premises Retailer**  
Class A: Permits the sale of spirits, beer, and wine for consumption off the licensed premises.  
Class B: Permits the sale of beer and wine for consumption off the licensed premises.
- **Manufacturer**  
Class A: Permits the production of spirits and wine including cider and mead.  
Class B: Permits the production of beer.  
Class C: Permits the production of baked goods with a maximum of five (5) percent of alcohol per volume.

- **Internet Retailer**  
Class A: Permits a retailer to sell spirits, beer, and wine over the internet only.  
Class B: Permits a retailer to sell beer and wine over the internet only.
- **Commercial Lifestyle Center**  
Class C: Permits patrons to purchase and consume spirits, beer, and wine from licensed on-premises retailers within predefined boundaries of a commercial development.  
Class D: Permits patrons to purchase and consume beer and wine from licensed on-premises retailers within predefined boundaries of the commercial lifestyle center.
- **Third-Party Delivery**  
Permits local, same-day delivery of alcohol by companies on behalf of on-premises retailers and manufacturers.
- **Wholesaler**  
Class A: Permits the distribution and sale of spirits, beer, and wine.  
Class B: Permits the distribution and sale of beer and wine.
- **Common Carrier**  
Class C: Permits the sale, service, and consumption of spirits, beer, and wine on a passenger train or boat.  
Class D: Permits the sale, service, and consumption of beer and wine on a passenger train or boat.

## SECTION IV | ENDORSEMENTS AND PERMITS

*(Skip to Section V if you are a Wholesaler or are not seeking an endorsement)*

Select the endorsement(s) or permit(s) you are requesting for your business operation. Options include:

- **Entertainment**  
Permits a hotel, restaurant, tavern, or manufacturer to provide entertainment, facilities for dancing, or charge a cover. Applicants may select any combination of the available Entertainment Endorsement types.
- **Game of Skill**  
Permits a restaurant, tavern, hotel, multipurpose facility to add game of skill devices.
- **Manufacturer's On-Site Sales and Consumption**  
Permits a manufacturer to sell the products it produces for consumption on the licensed premises.
- **Pub—Brew, Distillery, or Wine**  
Permits a restaurant, tavern, hotel, multipurpose facility, or nightclub to brew 1) beer, 2) spirits, or 3) wine on or adjacent to the licensed premises and to sell the product it produces to patrons and wholesalers.
- **Sidewalk Café**  
Permits a restaurant, tavern, multipurpose facility, hotel, or nightclub or a manufacturer with an on-site sales and consumption permit to sell and serve alcohol on public outdoor space such as the sidewalk in front of the facility.
- **Sports Wagering**  
Permits a restaurant, tavern, hotel, or multipurpose facility to add sports wagering devices or kiosks.
- **Summer Garden**  
Permits a restaurant, tavern, multipurpose facility, hotel, or nightclub or a manufacturer with an on-site sales and consumption permit to sell and serve alcohol on private outdoor space such as a rooftop or atrium.
- **Tasting**  
Permits a manufacturer, wholesaler, retailer, or private collector to provide product tasting on a portion of the licensed premises or licensed storage facility.

## SECTION V | OCCUPANCY

*(Skip to Section VI if not an On-Premises Retailer)*

Enter the maximum number of seats permitted as it appears on the Certificate of Occupancy OR the number of seats requested if a Certificate of Occupancy has not been issued. Enter "N/A" if not applicable.

## SECTION VI | PROPOSED HOURS OF OPERATION, SALES, AND SERVICE

Enter the start and end times for hours of operation and alcohol sales/service, or consumption and for each additional activity that requires an endorsement including entertainment, carry-out and delivery, and streatory. Hours may not exceed those permitted by DC law. Enter "N/A" if not applicable.

## SUPPLEMENTAL DOCUMENTS

Include all documents applicable to the applicant type and/or license class. Failure to do so may prevent your application from being accepted or a license from being issued if approved. Print the applicant's first and last name or business entity name at the top of each page.

☐ **Lease**

Applicants leasing space must include a copy of the lease or letter of intent that states the applicant's name and authorization to conduct the proposed business operations and is signed by the property owner and applicant.

☐ **Property Owner/Manager Affidavit** *(Included in this packet)*

Applicants leasing space must include the *Property Owner/Manager Affidavit Form* completed and signed by the property owner/manager.

☐ **Police Clearance**

Applicants that are DC residents must include a police clearance report issued by the Metropolitan Police Department or an online company. Non-DC residents must include a police clearance report that includes DC and their state or territory of residence.

☐ **Court Disposition**

Applicants with a misdemeanor conviction within five (5) years or a felony conviction during the last 10 years of the application submission date must include a copy of the court disposition.

☐ **Tax Documents**

Applicants must include Certificates of Clean Hands issued by the District's Office of Tax and Revenue for each individual listed on the application and the business entity.

☐ **Corporation Documents**

Corporations and general partners in an LLC, must include the certified articles of incorporation, certificate of incorporation, minutes with the corporate seal of the board of directors' meeting verifying the election of the officers, and copy of stock certificates.

☐ **LLC Documents**

LLCs must include their articles of organization, operating agreement, certificate of organization, and certificate of good standing, minutes of the board of directors' meeting verifying the election of the officers, and a copy of stock certificates. and submit a letter requesting approval of the license under section 405.1 of the District of Columbia Municipal Regulations.

☐ **Business Licenses and/or Permits**

Applicants such as restaurants, grocery stores, and public halls whose business operations requires additional licenses or permits must include a copy of each.

☐ **Transfer Consent Affidavit** *(Included in this packet)*

Applicants requesting a license be transferred to a new party must include a Transfer Consent Affidavit form signed by the original licensee.

- ☐ **No Substantial Change Form** *(Included in this packet)*  
Applicants seeking to transfer a license to a new owner with no changes to the business operations must include a completed No Substantial Change Form signed by the original licensee.
- ☐ **Personal Information Release Authorization** *(Included in this packet)*  
Applicants must include a signed Personal Information Release Authorization for each sole proprietor, partner, corporate officer, director of corporation, managing member, and general partner.
- ☐ **Business Information Release Authorization** *(Included in this packet)*  
Applicants must include a signed Business Information Release Authorization for the business entity. Signatories must be the president or vice president for corporations and the managing member(s) for LLCs.
- ☐ **Photographs**  
Applicants must include photographs of the interior and exterior of the premises (5"X 7" or 7 ½" X 10").
- ☐ **Menu**  
Applicants requesting a Class C/D license must include a copy of the menu.
- ☐ **Request to Remove a Settlement Agreement**  
Applicants applying to transfer an alcohol license with an active Settlement Agreement to a new location without the Settlement Agreement must include a written request to the ABC Board addressing the appropriateness standards set forth in § 25--313.
- ☐ **Attorney/Agent Designation Authorization** *(Included in this packet)*  
Applicants requesting another party be permitted to represent their establishment must include a signed *Attorney/Agent Designation Authorization*.
- ☐ **Endorsement Documents**
  - ☐ **Entertainment**  
Applicants requesting to charge a cover for a restaurant, hotel, or tavern with a Certificate of Occupancy for more than 400 persons must provide a copy of the Public Hall Certificate of Occupancy from the Zoning Administrator and Entertainment Endorsement for a Public Hall from the Department of Consumer and Regulatory Affairs.
  - ☐ **Sidewalk Café**  
All applicants requesting a sidewalk café must include the 1) Certificate of Use and a Public Space Permit and 2) a photograph or diagram denoting the designated area for the sidewalk cafe.
  - ☐ **Summer Garden**  
Applicants must include a 1) Certificate of Occupancy indicating the number of seats for the establishment and summer garden; 2) letter from the landlord giving permission to sell and serve alcohol on the summer garden; 3) a photograph or diagram denoting the designated area for the sidewalk cafe.
  - ☐ **Stretery** *(Included in this packet)*  
Applicants must include a signed Stretery Endorsement Application with required documents specified on the form.
  - ☐ **Games of Skill**  
Applicants must provide a written description stating the total number of devices, name(s) of the game(s) of skill, name(s) of the corresponding manufacturer(s) and distributor(s), and attach a diagram detailing the proposed location of each device.

☐ **Sports Wagering**

Applicants must provide a written description stating the total number of devices and type, and attach a diagram detailing the proposed location of each device.

☐ **Stipulated License Application** *(Included in this packet)*

Applicants must include a signed *Sipulated License Application* and all specified documents.

☐ **Commercial Lifestyle License Addendum** *(Included in this packet)*

Applicants must include a signed *Commercial Lifestyle License Addendum* and all specified documents.

☐ **Third-Party Delivery Addendum** *(Included in this packet)*

Applicants must include a signed *Third Party Delivery Addendum* and all specified documents.

☐ **Summary of Shares/Percentage of Interest** *(Included in this packet)*

All persons that owns stock or at least 10 percent interest in the entity must complete this form.

License No.	Date Accepted	Accepted By	Hearing Date
Fees Paid \$	From To	Issue Date	From To
Date Approved by ABC Board	Board Initials		
Date Denied by ABC Board	Board Initials		



ALCOHOL LICENSE APPLICATION

SECTION I | APPLICATION TYPE

Application Type	<input type="checkbox"/> New	<input type="checkbox"/> No Substantial Change	<input type="checkbox"/> Substantial Change	<input type="checkbox"/> Safekeeping	<input type="checkbox"/> Transfer w/ Sale	<input type="checkbox"/> Transfer w/ out Sale
	<input type="checkbox"/> 404.2	<input type="checkbox"/> 405.1	<input type="checkbox"/> Stock Transfer	<input type="checkbox"/> Transfer to New Location (w/ Settlement Agreement)	<input type="checkbox"/> Transfer to New Location (w/out Settlement Agreement)	

SECTION II | PRIMARY APPLICANT INFORMATION

Type of Entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP or LP	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
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First and Last Name of Sole Proprietor/Partnership OR Name of Business Entity

Trade Name Ward

Licensed Premises Address City ST Postal Code

Licensed Premises Phone Licensed Premises Email

Entity Address (If different from above) City ST Postal Code

Entity Phone Entity Email

No. of Floors of Licensed Premises No. of Floors for Storage Area

Will you be the true and actual owner of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any portion of the premises be used for a private residence or lodging house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any other business be conducted on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does any manufacturer, brewery, distillery, wholesaler, or solicitor, or any employee thereof, or any other individual or corporation have any financial interest in this business or any other alcohol licensed business in DC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently hold or have you previously held an alcohol license in DC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Provide an explanation below if you checked yes to any of the above questions.

Alcohol License Application

Enter the name, address, and distance in feet for each of the below facility types within 1,000 feet of the proposed licensed premises.  
*(Skip if applying for an Internet Retailer license)*

	Name	Address	Distance
School			
School			
School			
Recreation Center			
Day Care Center			

Enter the name, address, and distance of all alcohol licensed establishments of the same class within 400 feet of the proposed site.  
*(Skip if not applying for a retailer's Class A/B license)*

A or B	Name	Address	Distance

How were the above distances measured?

Describe the nature of operations including type of food to be served, planned entertainment, goods and services to be provided. If dancing is to be offered, indicate the dimensions of the dance floor(s) and locations(s).  
*(Skip if not applying for a Retailer Class C/D)*



### SECTION III | LICENSE INFORMATION

<b>Category</b>	<input type="checkbox"/> Commercial Lifestyle	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Third-Party Alcohol Delivery	<input type="checkbox"/> Wholesaler
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	ON-PREMISES	OFF-PREMISES
<b>Class</b>	<input type="checkbox"/> Beer, wine, and spirits <input type="checkbox"/> Beer, wine	<input type="checkbox"/> Beer, wine, and spirits <input type="checkbox"/> Beer, wine <input type="checkbox"/> Spirit infused
<b>Type</b>	<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Brewery <input type="checkbox"/> Caterer <input type="checkbox"/> Commercial Lifestyle (CL) <input type="checkbox"/> Commercial Lifestyle (DL) <input type="checkbox"/> Common Carrier (Boats) (CX/DX) <input type="checkbox"/> Hotel <input type="checkbox"/> Multipurpose Facility <input type="checkbox"/> Nightclub <input type="checkbox"/> Private Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Winery	<input type="checkbox"/> Bakery (Alcohol Infused Product) <input type="checkbox"/> Beer & Wine Retailer <input type="checkbox"/> Grocery <input type="checkbox"/> Grocery 25 Percent <input type="checkbox"/> Grocery Full-Service <input type="checkbox"/> Internet Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retail Liquor Store

### SECTION IV | ENDORSEMENTS

<b>Endorsement</b> <i>(Skip if N/A)</i>	<input type="checkbox"/> Alcohol Carryout and Delivery <input type="checkbox"/> Entertainment <input type="checkbox"/> Cover Charge <input type="checkbox"/> Dancing <input type="checkbox"/> Live <input type="checkbox"/> Extended Holiday Hours <input type="checkbox"/> Game of Skill (No. of Devises: _____) <input type="checkbox"/> Off-Site Storage <input type="checkbox"/> Pub <input type="checkbox"/> Brew <input type="checkbox"/> Distillery <input type="checkbox"/> Wine <input type="checkbox"/> Sidewalk Cafe <i>(outdoor public space)</i> <input type="checkbox"/> Summer Garden <i>(outdoor private space)</i> <input type="checkbox"/> Sports Wagering <input type="checkbox"/> Streatery (No. of Seats: _____)	<input type="checkbox"/> Offsite Storage Facility <input type="checkbox"/> Onsite Sales and Consumption <input type="checkbox"/> Tasting Permit
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### SECTION V | OCCUPANCY

<b>Occupancy</b>	<input type="checkbox"/> Total Indoor Capacity _____ <input type="checkbox"/> Total No. of Indoor Seats _____ <input type="checkbox"/> Total Summer Garden Capacity _____ <input type="checkbox"/> Total No. of Summer Garden Seats _____ <input type="checkbox"/> Total Occupancy Load (Indoor + Summer Garden(s)) _____ <input type="checkbox"/> Total No. of Sidewalk Cafe Seats _____ <input type="checkbox"/> Total Occupancy Sidewalk Cafe _____ <input type="checkbox"/> Total No. of Hotel Rooms _____	
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## SECTION VI | HOURS

Requested hours cannot exceed legally allowed hours.

Indoor	Operation	Alcohol Sales, Service, & Consumption	Live Entertainment
<input type="checkbox"/> Sunday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Monday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Tuesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Wednesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Thursday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Friday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Saturday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____

Sidewalk Cafe OR Summer Garden	Operation	Alcohol Sales, Service, & Consumption	Live Entertainment
<input type="checkbox"/> Sunday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Monday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Tuesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Wednesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Thursday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Friday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Saturday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____

Streatory	Operation	Alcohol Sales, Service, & Consumption
<input type="checkbox"/> Sunday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Monday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Tuesday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Wednesday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Thursday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Friday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Saturday	Start: _____ End: _____	Start: _____ End: _____

Carrryout & Delivery	Operation	Carryout	Delivery
<input type="checkbox"/> Sunday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Monday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Tuesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Wednesday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Thursday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Friday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Saturday	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____



## PROPERTY OWNER/MANAGER AFFIDAVIT

This affidavit must be completed by the property owner or manager of the leased or to be leased space

True Property Owner First and Last Name Phone Email

Property Manager/Manager First and Last Name *(if applicable)* Title

Property Manager/Manager Company Phone Email

Leasee First and Last Name Title

Property Address City ST Postal Code

Property Address for the Proposed Alcohol Business City ST Postal Code

Does a manufacturer or wholesaler have any direct or indirect financial interest in the property or business including any money, equipment, furniture, fixtures or property either given, rented or loaned to the property owner or manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the property owner have any financial interest directly or indirectly in the alcohol license requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the property owner hold any alcohol licenses in DC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above, provide an explanation below and attach any related financial interest documents.

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☐ I hereby certify under penalty of perjury that the information in this application is true and correct.

Property Owner/Manager Signature Date



## TRANSFER CONSENT FORM

This form must be completed by applicants transferring a license to a new entity. Signatories must be the individual if a sole proprietor; each partner if a partnership; president or vice president if a corporation; and each managing member if an LLC. Notarization is required.

First and Last Name	Title
Entity Name	Trade Name
License No.	
Licensed Premises Address	City
ST	Postal Code

Licensed Premises Business Phone		Licensed Premises Email	
<b>Entity Category</b>	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer
	<input type="checkbox"/> Managing Member	<input type="checkbox"/> General Partner	
<b>License Category</b>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer
	<input type="checkbox"/> Commercial Lifestyle	<input type="checkbox"/> Third Party Alcohol Delivery	
	<b>OFF-PREMISES</b>		<b>ON-PREMISES</b>
	<input type="checkbox"/> Spirits, Beer, and Wine <input type="checkbox"/> Beer and Wine		<input type="checkbox"/> Spirits, Beer, and Wine <input type="checkbox"/> Beer and Wine <input type="checkbox"/> Spirit Infused
<b>License Type</b>	<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Brewery <input type="checkbox"/> Caterer <input type="checkbox"/> Commercial Lifestyle (CL) <input type="checkbox"/> Commercial Lifestyle (DL) <input type="checkbox"/> Common Carrier (Boats) (CX/DX) <input type="checkbox"/> Hotel <input type="checkbox"/> Multipurpose Facility <input type="checkbox"/> Nightclub <input type="checkbox"/> Private Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Winery		<input type="checkbox"/> Bakery (Alcohol Infused Product) <input type="checkbox"/> Beer & Wine Retailer <input type="checkbox"/> Grocery <input type="checkbox"/> Grocery 25 Percent <input type="checkbox"/> Grocery Full-Service <input type="checkbox"/> Internet Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retail Liquor Store
<b>Endorsements</b>	<input type="checkbox"/> Carryout and Delivery <input type="checkbox"/> Entertainment <input type="checkbox"/> Cover Charge <input type="checkbox"/> Dancing <input type="checkbox"/> Live (i.e. Drag Shows, Trivia, Singers) <input type="checkbox"/> Extended Holiday Hours <input type="checkbox"/> Game of Skill (No. of devises: _____) <input type="checkbox"/> Off-Site Storage <input type="checkbox"/> Pub <input type="checkbox"/> Brew <input type="checkbox"/> Distillery <input type="checkbox"/> Wine <input type="checkbox"/> Sidewalk Cafe (outdoor public space) <input type="checkbox"/> Summer Garden (outdoor private space) <input type="checkbox"/> Sports Wagering <input type="checkbox"/> Streatery (No. of seats: _____)		<input type="checkbox"/> Offsite Storage Facility <input type="checkbox"/> Onsite Sales & Consumption <input type="checkbox"/> Tasting Permit

In the past 10 years, has any administrative action been taken against the applicant or any person listed above regarding alcohol violations in DC or any state or territory?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Select yes, if another establishment owned or controlled by the applicant or a person listed above has been found in violation of DC alcohol laws. If yes, provide administrative action taken, location, and the disposition.

☐ I hereby certify under penalty of perjury that the information in this form is true and correct and that the above is the true and actual owner of the business. It is being requested that the ABC Board approve the transfer of this license to: .

I also represent that there are no pending actions against the licensed business entity in the Federal or DC courts or before the ABC Board for violating Title 25 of the D.C. Official Code.

Applicant First and Last Name

Signature

Date

Notary First and Last Name

Notary Signature

Date



## NO SUBSTANTIAL CHANGE

This form must be completed by applicants requesting to transfer a license to a new owner without any changes to the business operation. Signatories must be the individual if a sole proprietor; each partner if a partnership; president or vice president if a corporation; and each managing member if an LLC.

Entity Name	Trade Name
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Licensed Premises Address	City	ST	Postal Code
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Licensed Premises Business Phone	Licensed Premises Email
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☐ I certify that no change, which could be deemed a substantial change to the business, will occur before this license period expires as set forth in DC Official Code § 25--762. In addition, we certify that there will be no change to the exterior or interior of the building after the submission of the last photographs.

Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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Transferee First and Last Name	Signature	Date
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## PERSONAL INFORMATION RELEASE AUTHORIZATION

This authorization form must be completed by each Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), General Partner(s).

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

- ☐ I authorize any agent from 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 release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.
- ☐ I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the ABC Board or its employees to investigate any and all of the information provided by me in this application for an ABC License.

Applicant First and Last Name

SSN No. (XXX-XX-XXXX)

Other Names

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> Managing Member	<input type="checkbox"/> General Partner
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Home Address

City

ST

Postal Code

Mobile Phone

Email

Applicant Signature

Date



## BUSINESS INFORMATION RELEASE AUTHORIZATION

This authorization form must be completed for your business entity. The signatory must be the President or Vice President if your business entity is a Corporation, or a Managing Member(s) or General Partner(s) your business entity is an LLC.

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

- ☐ I authorize any agent from the Alcoholic Beverage Regulation Administration, to obtain any information, relating to the business entity's activities, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include all aspects of the business entity.
- ☐ 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 release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.
- ☐ I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the ABC Board or its employees to investigate any and all of the information provided by me in this application for an ABC License.

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Entity Name

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Licensed Premises Address

City

ST

Postal Code

---

Applicant First and Last Name

Title

---

Applicant Signature

Date





## DESIGNATION OF ATTORNEY/AGENT FORM

### APPLICANT/LICENSEE INFORMATION

First and Last Name

Entity Name

Trade Name

License No. (if applicable)

Licensed Premises Address

City

ST

Postal Code

### ATTORNEY/AGENT INFORMATION

First and Last Name

Title

Company/Firm Name

Company/Firm Address

City

ST

Postal Code

Company/Firm Phone Number

Email Address

### AUTHORIZATIONS

The attorney/agent is authorized to:

☐ File an application for:

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Caterer	<input type="checkbox"/> Change of Hours	<input type="checkbox"/> Change of Officers
<input type="checkbox"/> Retailer <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Substantial Change	<input type="checkbox"/> Other <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

☐ Contest case(s) other than Protest Hearing. Enter case no. \_\_\_\_\_

☐ Protest Hearing

### SIGNATURES

Applicant/Licensee Signature

Date

Attorney/Agent Signature

Date

License No.	Date Accepted	Accepted By	Hearing Date
Fees Paid \$	From To	Issue Date	From To
Date Approved by ABC Board	Board Initials		
Date Denied by ABC Board	Board Initials		



## STREATERY ENDORSEMENT APPLICATION

This form must be completed for a Streatery Endorsement. Signatories must be the individual if a sole proprietor; each partner if a partnership; president or vice president if a corporation; and each managing member if an LLC.

Entity Name Trade Name License No.

Licensed Premises Address City ST Postal Code

Licensed Premises Business Phone Licensed Premises Business

Proposed Location

☐ Outdoor Public Space  
Seat Count: \_\_\_\_\_

☐ Outdoor Private Space  
Seat Count: \_\_\_\_\_

Proposed Hours	Operation	Alcohol Sales and Service
<input type="checkbox"/> Sunday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Monday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Tuesday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Wednesday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Thursday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Friday	Start: _____ End: _____	Start: _____ End: _____
<input type="checkbox"/> Saturday	Start: _____ End: _____	Start: _____ End: _____

### 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 issued an endorsement, I understand the following:
- ☐ Outdoor space must be clearly delineated and I will not share tables/chairs with another business.
  - ☐ The streatery must be in a commercial or mixed-use zone as defined in DC's zoning regulations.
  - ☐ The streatery must be on outdoor space that is either on the ground floor or street level.

Applicant First and Last Name Title

Applicant Signature Date

Applicant First and Last Name Title

Applicant Signature Date

Applicant First and Last Name Title

Applicant Signature Date

License No.	Date Accepted		Accepted By		Hearing Date	
Fees Paid \$	From	To	Issue Date		From	To
Date Approved by ABC Board	Board Initials					
Date Denied by ABC Board	Board Initials					



## STIPULATED LICENSE APPLICATION

This application must be completed by applicants requesting to start business operations prior to an alcohol license being approved and issued by the ABC Board. Signatories must be the individual if a sole proprietor; each partner if a partnership; president or vice president if a corporation; and each managing member if an LLC.

Requesting Stipulated License for:

(Check all that apply)

<input type="checkbox"/> New License	<input type="checkbox"/> Sidewalk Cafe	<input type="checkbox"/> Summer Garden	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Transfer to New Location	<input type="checkbox"/> Class Change	<input type="checkbox"/> Occupancy Change	<input type="checkbox"/> Other _____

Entity Name \_\_\_\_\_ Trade Name \_\_\_\_\_

License No. \_\_\_\_\_ License Class/Type \_\_\_\_\_

Licensed Premises Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Postal Code \_\_\_\_\_

Licensed Premises Phone \_\_\_\_\_ Licensed Premises Email \_\_\_\_\_

Applicant First and Last Name \_\_\_\_\_ Title \_\_\_\_\_

Attach the following documents:

- ☐ Settlement Agreement if applicable.
- ☐ Letter of Support from the affected ANC signed by the Chair that states a quorum was present when the resolution was adopted. Required.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## COMMERCIAL LIFESTYLE LICENSE ADDENDUM

This license category allows for the on-premises consumption of alcohol purchased from a licensed restaurant, tavern, nightclub, hotel, multipurpose facility, or private club that is a tenant of the mixed-use commercial development within predefined boundaries not already licensed by ABRA including, plazas, walkways, concourses and other outdoor seating areas.

The following documents must be included in your application packet for it to be considered complete:

- ☐ Commercial Owners Association Document
- ☐ Land survey/certification of Commercial Lifestyle Center boundaries
- ☐ Litter Plan for ensuring adequate trash receptacles and ensuring the Commercial Lifestyle Center is free of trash and other debris
- ☐ Copy of signage to be posted identifying the boundaries of the Commercial Lifestyle Center
- ☐ Security Plan for ensuring adequate security at the Commercial Lifestyle Center and to ensure compliance with the alcohol laws and regulations
- ☐ Alcohol consumption plan for ensuring that persons within the Commercial Lifestyle Center do not consume alcoholic beverages that were not purchased from a licensed on-premises retailer tenant
- ☐ Reusable Container Plan that includes how the Commercial Lifestyle Center intends to acquire reusable containers, sanitize the containers, and ensure the containers are reused
- ☐ A list of licensed on-premises alcohol establishments located within the boundaries of the Commercial Lifestyle Center
- ☐ A copy of the identifying mark to be utilized by each participating tenant on their reusable containers

If issued a Commercial Lifestyle Center License by the ABC Board, I acknowledge the following:

- ☐ I understand that alcohol is required to be provided to patrons in reusable containers that are distributed and recollected through a deposit-refund system, and subsequently sanitized, which may be provided through third-party reusable food service ware providers, for reuse.
- ☐ I understand that it is a violation of Title 25 for a licensee to fail to serve a beverage in a reusable container that is intended for consumption within the predefined boundaries of the Commercial Lifestyle Center.
- ☐ I understand that I am responsible for posting signage identifying the boundaries of the Commercial Lifestyle Center.

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Applicant First and Last Name (Print)

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Applicant Signature

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Date



## THIRD-PARTY ALCOHOL DELIVERY LICENSE ADDENDUM

This license category allows for third-party alcohol delivery to consumers located within DC on behalf of on-premises retailers, off-premises retailers, and manufacturers.

If issued a Third-Party Alcohol Delivery License by the ABC Board, I agree to the following:

- ☐ I certify that I am in compliance with D.C. Code § 25-303 and do not hold a direct or indirect interest in any other liquor license prohibited by this subsection.
- ☐ I understand that I am only permitted to deliver alcohol in DC on behalf of the holder of an off-premises retailer's license, on-premises retailer's license, or a manufacturer to a consumer that is at least 21 years of age.
- ☐ I understand that I am not permitted to deliver alcohol to a consumer unless I verify that the recipient is at least 21 years of age by checking their valid government-issued photo ID.
- ☐ I understand that at the time of delivery, I must verify that the alcohol recipient is not visibly intoxicated.
- ☐ I understand that I am only permitted to deliver alcohol to consumers between the permitted hours.
- ☐ I understand that I am only permitted to deliver alcohol to consumers in closed containers.
- ☐ I understand that I am not permitted to deliver alcohol to an address located on a university, college campus, or any elementary or secondary school located in DC.
- ☐ I understand that I am required to file semiannual reports with the ABC Board by January 30 and July 30 of each year containing: (1) the total number of alcoholic beverages that were delivered during the previous half of the year; (2) the name and address of the licensed establishment with which the alcohol delivery was placed; and (3) the date the alcoholic beverage was delivered.
- ☐ I understand that I am required to maintain books and records reflecting the date, address, and recipient of the alcohol delivery for each delivery and the name and business address of the person making the delivery on the licensed premises or at a ABC Board-approved location for three (3) years.
- ☐ I agree to provide to the ABC Board, or an ABRA investigator, upon request a copy of any contracts or written agreements entered into by the licensee with any person offering alcohol for delivery.
- ☐ I understand that I can only deliver alcohol on behalf of an off-premises retailer, on-premises retailer, or manufacturer that I have a signed written contract or agreement.

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Applicant First and Last Name (Print)

---

Applicant Signature

---

Date



## SUMMARY OF SHARES/PERCENTAGES OF INTEREST

This form must be completed by all persons that own stock or own 10 percent interest or more in the entity.

Entity Name		Trade Name		
First and Last Name	Title	Email Address	No. of Shares	% of Interest

☐ I hereby certify under penalty of perjury that the information in this application is true and correct.

Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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Applicant First and Last Name	Signature	Date
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## PERSONAL HISTORY AFFADAVIT

This affidavit must be completed by Sole Proprietor, Partner(s), Corporate Officer(s), Director(s), Managing Member(s), General Partner(s), Investor(s), or any person or any officer in an entity that has an ownership interest of 10 percent.

Application Type:	<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Stock Transfer
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Entity Name	Trade Name
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Licensed Premises Address	City	ST	Postal Code
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Licensed Premises Phone	Licensed Premises Email
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Applicant First and Last Name	Title
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Home Address	City	ST	Postal Code
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Mobile Phone	Email
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Date of Birth	Place of Birth (City, State, Country)
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Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Document Type	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Naturalization Papers	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Green Card	<input type="checkbox"/> Visa
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Credential No:		Expiration Date:	
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Have you ever:

- Applied for or received an alcohol license in DC or any state or territory?
- Had any alcohol license suspended or revoked in DC or any state or territory?
- Been convicted of a misdemeanor within the last five (5) years or a felony within the last ten (10) years? *If yes, attach a copy of the court disposition.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does any member of your immediate family hold an ABC license or have any financial interest, directly or indirectly, in any alcohol licensed establishment in DC?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes to any of the above, provide an explanation below.

☐ I hereby certify under penalty of perjury that the information in this application is true and correct.

Applicant Signature

Date