



SAFEKEEPING APPLICATION INSTRUCTIONS

An alcoholic beverage license that is temporarily discontinued for any reason must be surrendered to the Alcoholic Beverage Control Board (Board) for safekeeping. Most licenses are put into safekeeping as a result of renovations or damage to an establishment; the expiration of a lease; or being in the process of moving to a new location.

A licensee would need to complete and submit the form below to apply for safekeeping. The application is subject to the review and approval of the Board.

A licensee applying for safekeeping must respond to all of the questions on the form. If a question or a portion of the question does not apply, write "Not Applicable" in the field.

For question one on the form, a licensee should print their name (last name, first name, middle initial) unless the licensee is a business entity, in which case the entity's name should be stated. The reason for requesting safekeeping must also be included on the form. The certification must be signed by the following. All signatures must be notarized.

- 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.
- If the applicant is an LLC, the managing member(s) must sign.
- If the applicant is a Limited Partnership, the general partner(s) must sign.

A completed form needs to be submitted in person to the Alcoholic Beverage Regulation Administration's (ABRA) office:

- 2000 14th St., NW, Suite 400 South, Washington, DC 20009.

DEADLINES

Any licensee with a liquor license being held in safekeeping will need to request an extension by the following deadlines each year in order to maintain safekeeping status:

- March 31; and
- September 30.

FEES

A safekeeping fee will be assessed every six months that a license is approved to be held in safekeeping status. Fees are as follows:

- Any license that is in safekeeping for less than two years is assessed a fee of 25 percent of the annual cost of the license every six months.
- Any license that is in safekeeping for two years or more is assessed a fee of 50 percent of the annual cost of the license every six months.

Fees must be paid within 30 days of the date a billing statement is issued by ABRA in order to avoid cancellation of the license. Safekeeping fees are additional fees. All regular annual license fees and renewal fees must be paid in addition to safekeeping fees.

NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423. In order to report fraud, waste and abuse in the District of Columbia government, call 1-800-521-1638.



SAFEKEEPING APPLICATION

OFFICIAL USE ONLY

Date Accepted:		Accepted by:			New Application Extension Request		
Entry Date:	From:	To:	Initial Fees Paid: \$	From:	To:		
Extension Date:	From:	To:	Additional Fees Paid: \$	From:	To:		
Date Board Approved:	Initial: →						
Date Board Denied:	Initial: →						

TO BE COMPLETED BY APPLICANT

1. Licensee's Name (Last, First, Middle) or Business Entity:		2. Trade Name:			
3. ABRA License Number:	4. License Class:		5. Business Telephone Number:		
6. Premises Address:			City/State:	Zip Code:	Ward/ANC:
7. Will you maintain the licensed location? Yes No (If no, explain below.)					
8. Home Address:			City:	State:	Zip Code:
9. Telephone Number:			10. Email Address:		
11. Safekeeping or safekeeping extension status is requested for the following reason(s): _____ _____					
12. Certification: I hereby certify under perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.					
Print Name: _____ Signature: _____					
Subscribed and sworn to before me _____ on this ___ day of _____, 20 ____.					
(Notary Public Signature)					
My commission expires _____.					
Print Name: _____ Signature: _____					
Subscribed and sworn to before me _____ on this ___ day of _____, 20 ____.					
(Notary Public Signature)					
My commission expires _____.					

NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423. In order to report fraud, waste and abuse in the District of Columbia government, call 1-800-521-1638.