

Government of the District of Columbia
**Alcoholic Beverage and Cannabis
Administration**

INSTRUCTIONS FOR FILING A RENEWAL APPLICATION FOR A SOLICITOR'S LICENSE APPLICATION

Your Solicitor's License expires on June 30. Please report to the Alcoholic Beverage and Cannabis Administration, 899 Noth Capitol Street, NE, Suite 4200-B, Washington, DC 20002, between the hours of 8:30 a.m.- 4:00 p.m., Monday through Friday. To avoid long lines, we strongly encourage you to renew during the off-peak hours of 8:30 a.m. to 10:30 a.m. Under no circumstances will anyone be processed after 4:00 p.m. The renewal fee is Nine Hundred and Seventy Five Dollars (\$975.00) for the three (3) year license period. Beginning July 1, a late fee of Fifty Dollars (\$50.00) will be assessed for each day after the due date of payment. Licenses that have been expired for two (2) months or more cannot be renewed. Please read all questions carefully and answer all questions completely. 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. For electronic payment, email reina.wong@dc.gov to receive a payment link after your application has been processed.

1. Please place an "X" to indicate if there is a Name Change, Address Change, or Change of Employer.
2. Print your License Number.
3. Print your Name (Last Name, First Name, Middle Initial).
4. Print your Home Address.
5. Print your Home Telephone Number.
6. Print your Business Telephone Number.
7. Print E-mail Address.
8. Attach the qualifying documentation. Also, complete (f.) and (g.) if applicable.
9. Print Company Name.
10. Print Trade Name.
11. Print Company Address.
12. Print Business Telephone Number.
13. Print E-mail Address.
14. Print License Number.
15. Print Business Telephone Number.
16. If you have checked "Yes", you must submit a copy of the court disposition.
17. Please answer the question: In what language do you need vital documents translated, if any.

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.

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ABCA
Alcoholic Beverage and Cannabis Administration

BILLING CODES: 60017/20100/3017/9010/6017

Solicitor Name:
Vendor Address:
License Number:
License Class: Solicitor

Description	Fee
Annual Fee- Year 1	325.00
Annual Fee- Year 2	325.00
Annual Fee- Year 3	325.00
Total fee Due for 1 Year	325.00
Total fee Due for 2 Years	650.00
Total fee Due for 3 Years	975.00

PLEASE MAKE PAYMENT FOR 1, 2 OR 3 YEARS. YOU WILL BE BILLED ANNUALLY FOR ANY REMAINING BALANCE.

RENEWAL PAYMENTS: Renewal payments must be made by **June 30**. Payment can be made in the form of a credit card, check or money order, payable to the DC Treasurer.

LATE FEES: Beginning **July 1**, a late fee of fifty dollars (\$50.00) per day will be imposed pursuant to Title 23 D.C. Municipal Regulations § 208.2. The total amount of the late fee will not exceed the annual cost of the license.

SUSPENSION OF LICENSE: On **July 22**, information will be sent to the ABC Board to suspend your license in the event that you have not renewed and payment has not been received.

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SOLICITOR'S LICENSE RENEWAL FORM

For Official Use Only License Period: Initials: Date:

SOLICITOR INFORMATION

1. Place an "X" in the applicable box below if any of the following have occurred since the last renewal period: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Change of Employer			2. License Number: ABCA-
3. Licensee's Name (Last Name, First Name, Middle Initial): <hr/>			
4. Home Address: <hr/>			
5. Home Telephone Number:	6. Business Telephone Number:	7. Email Address:	
8. If born outside of the United States, please provide an updated copy of one of the following documents: 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:

EMPLOYER INFORMATION

9. Company Name (as it appears on the ABC License):	10. Trade Name:		
11. Company Address (as it appears on the ABC License):		12. Business Telephone Number:	
13. Email Address:	14. License Number:	15. License Class:	
16. Have you been convicted of a misdemeanor or felony since the last renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", attach a copy of the court disposition.)			
17. In what language do you need vital documents translated?			

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