

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ZONING ADJUSTMENT**

**KURI BROTHERS, INC.,**

**Appellant,**

**vs.**

**DEPARTMENT OF CONSUMER AND  
REGULATORY AFFAIRS,**

**Appellee.**

**Appeal No. 17444A**

**LIST OF EXHIBITS**

Kuri Brothers, Inc. ("Appellant"), by and through its undersigned counsel, Stanley H. Goldschmidt and Roetzel & Andress, LPA, respectfully submits this List of Exhibits as a supplemental filing to Appellant's *Proposed Findings of Fact and Conclusions of Law* submitted on March 23, 2007.

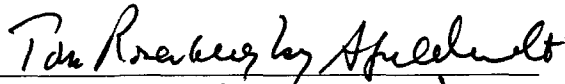
Respectfully submitted,



Stanley H. Goldschmidt  
D.C. Bar No. 376482  
Roetzel & Andress, LPA  
1025 Connecticut Avenue, NW  
Suite 220  
Washington, DC 20036  
Telephone: 202.625.0600

*Attorney for Appellant*

Of Counsel:



Thomas L. Rosenberg  
Ohio Bar No. 0024898  
Roetzel & Andress, LPA  
155 East Broad Street  
Twelfth Floor  
Columbus, OH 43215  
Telephone: 614.463.9770

*w/permission*

BOARD OF ZONING ADJUSTMENT  
District of Columbia

CASE NO. 17444A

EXHIBIT NO. 41

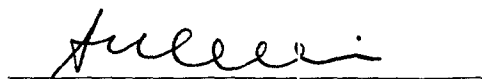
Board of Zoning Adjustment  
District of Columbia  
CASE NO. 17444  
EXHIBIT NO. 41

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and accurate copy of the foregoing has been served upon the following parties U.S. Mail, postage prepaid this 30th day of March, 2007:

Matthew J. Green, Jr.  
Assistant Attorney General  
Department of Consumer and Regulatory Affairs  
Office of the General Counsel  
941 North Capitol St., N.E.  
Washington, D.C. 20001

Ms. Karen Perry  
Advisory Neighborhood Commission 3F  
3003 Van Ness St. N.W.  
# W118  
Washington DC 20008

A handwritten signature in cursive script, appearing to read "Goldschmidt", is written over a horizontal line.

Stanley H. Goldschmidt

List of Exhibits

| Paragraph / Footnote No.                            | Exhibit Tab  | Summary                                                                                                         |
|-----------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------|
| <i>The Appellant</i> - p.3, ¶6(a)                   | 1            | Certificate of Occupancy No. 33914                                                                              |
| <i>The Appellant</i> - p.3, ¶6(b)                   | 2            | Certificate of Occupancy No. 186535                                                                             |
| <i>The Appellant</i> - p. 3, ¶8                     | 3            | Certificate of Occupancy No. 42622                                                                              |
| <i>The Appellant</i> - p. 3, ¶9                     | 4            | Notice of Revocation of Certificate of Occupancy No. 33914                                                      |
| <i>Conclusions of Law (Introduction)</i> - p. 8, ¶1 | 4            | Notice of Revocation of Certificate of Occupancy No. 33914                                                      |
| <i>Conclusions of Law</i> - p. 14, ¶D3              | 1            | Certificate of Occupancy No. 33914                                                                              |
| FN 13                                               | 1            | Certificate of Occupancy No. 33914                                                                              |
| FN 29                                               | 5            | Sales & Invoice Summary                                                                                         |
| FN 36                                               | 6            | Olympic Letter                                                                                                  |
| FN 39                                               | 7            | Business License Application                                                                                    |
| FN 42                                               | 9<br>1<br>10 | Certificate of Occupancy No. 181657<br>Certificate of Occupancy No. 33914<br>Certificate of Occupancy No. 33951 |
| FN 44                                               | 8            | Car Quest Letter                                                                                                |
| FN 45                                               | 6            | Olympic Letter                                                                                                  |
| FN 75                                               | 11           | Board Hearing Transcript of January 28, 2003, p. 139-140                                                        |

Department of Consumer and Regulatory Affairs  
Building and Land Regulation Administration  
1 North Capitol Street N.E. room 2100  
Washington D.C. 20002  
Tel (202) 442-4470 Fax (202) 442-4852

Cover sheet  
of the District  
of Columbia  
BLR-94A

# C of O

## CERTIFICATE OF OCCUPANCY

PERMIT NO.

**CO 33914**

THIS PERMIT IS VALID ONLY FOR THE PREMISES  
OF THE PROJECT ADDRESS

DATE : 5/14/02

|                                             |                               |                                       |                      |               |
|---------------------------------------------|-------------------------------|---------------------------------------|----------------------|---------------|
| ADDRESS :<br><b>4225 CONNECTICUT AVE NW</b> | FLOOR(S):<br><b>1ST FLOOR</b> | PRCLID : 2051<br>(square)<br>WARD : 3 | -0000-<br>ZONE : C3A | 0007<br>(lot) |
|---------------------------------------------|-------------------------------|---------------------------------------|----------------------|---------------|

|                                                                                                      |                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------|
| PERMISSION IS HEREBY GRANTED TO :<br><b>CORPORATION : KURI BROTHERS INC</b><br><b>ID No.: 942064</b> | TRADING AS:<br><b>VAN NESS AUTO CARE</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------|

|                                                   |                                                   |
|---------------------------------------------------|---------------------------------------------------|
| APPROVED USES :<br><b>OTHER - SEE DESCRIPTION</b> | PREVIOUS USES :<br><b>OTHER - SEE DESCRIPTION</b> |
|---------------------------------------------------|---------------------------------------------------|

|                                      |           |                                         |               |                                 |
|--------------------------------------|-----------|-----------------------------------------|---------------|---------------------------------|
| TYPE :<br><b>CHANGE OF OWNERSHIP</b> | BZA NO. : | OCCUPIED SQ.<br>FOOTAGE<br><b>2,668</b> | OCCUP. LOAD : | EXPIRATION DATE:<br><b>NONE</b> |
|--------------------------------------|-----------|-----------------------------------------|---------------|---------------------------------|

|                                                         |                             |
|---------------------------------------------------------|-----------------------------|
| DESCRIPTION OF USE:<br><b>AUTOMOTIVE SERVICE CENTER</b> | FEE :<br><br><b>\$57.00</b> |
|---------------------------------------------------------|-----------------------------|

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premise at the above address or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

David A. Clark  
DIRECTOR

PERMIT CLERK:

THINGOC MACXOAN

\*\*\*  
RECEIVED  
MAY 14 2002

★ ★ ★  
BLRA-17  
(Rev 12/95)

District of Columbia Government  
Department of Consumer and Regulatory Affairs  
Building and Land Regulation Administration Zoning Division  
P.O. BOX 37200 — Washington, D.C. 20013-7200

186535

**CERTIFICATE OF OCCUPANCY**

2/17/00

[date]

Permission is hereby granted to KURI BROTHERS INC.  
to use suite(s) \_\_\_\_\_ on the 1ST floor(s)  
of the building located on lot(s) 517 square 2051  
known as premises 4225 CORN. AVE. N.W. for the following  
purpose(s) MOTOR VEHICLE FUELING  
NOT SEXUALLY ORIENTED [ ]

BZA # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE C-3-A

FEE \$ 32.00

Director J. JORDAN

By D. MINOR

Designee

88-05027MS

# C of O

## CERTIFICATE OF OCCUPANCY

PERMIT NO.

**CO 42622**

THIS PERMIT IS VALID ONLY FOR THE PREMISES  
OF THE PROJECT ADDRESS

DATE : 10/10/2002

ADDRESS:

**4225 CONNECTICUT AVE NW**

FLOOR(S):

**1ST.FLOOR**

PRCLID: **2051**  
(square)

WARD: **3**

-0000-

0007  
(sq)

ZONE: **C3A**

PERMISSION IS HEREBY GRANTED TO:

**CORPORATION : SENE, INC.**  
**ID No.: 223066**

TRADING AS:

**PANNE'S FOOD SHOPE**

APPROVED USES :

**RETAIL**

PREVIOUS USES :

**RETAIL**

TYPE :

**CHANGE OF OWNERSHIP**

EZA NO.:

OCCUPIED SQ. FOOTAGE:

**400**

OCCUP. LOAD:

EXPIRATION DATE:

**NONE**

DESCRIPTION OF USE:

**RETAIL CONVENIENCE STORE/DE**

FEE :

**\$57.00**

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premises at the above address or part thereof, and for the purpose(s) indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

**David A. Clark**  
**DIRECTOR**

PERMIT CLERK

**THINGOC MACXOAN**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**



**Building and Land Regulation Administration  
Office of the Administrator**

**VIA PERSONAL SERVICE,  
U.S. FIRST CLASS MAIL, and  
U.S. FIRST CLASS CERTIFIED MAIL,  
RETURN RECEIPT REQUESTED**

**Kuri Brothers, Inc.  
T/a Van Ness Auto Care  
4225 Connecticut Avenue, NW  
Washington, DC 20008**

**Koo Yuen, Registered Agent  
4522 Albermarle Street, NW  
Washington, DC 20016**

**NOTICE OF REVOCATION OF  
CERTIFICATE OF OCCUPANCY NUMBER 33914**

This is official notice that the District of Columbia Department of Consumer and Regulatory Affairs (DCRA) revokes Certificate of Occupancy #33914, effective ten (10) days from the date of service of this notice. This action is taken pursuant to 12A DCMR §110.5.3 (2004) authorizing the Director to revoke a Certificate of Occupancy that has been issued in error.

On May 14, 2002, the Department issued to Kuri Brothers Inc. Certificate of Occupancy #33914 (C of O). The C of O authorized Kuri Brothers Inc. to use the premises located at 4225 Connecticut Ave., N.W., a C-3-A zone district, as an automobile service center. Subsequent to the issuance of the C of O, DCRA concluded that an automobile service center was not an appropriate use in a C-3-A zone. It then revoked C of O #B00181657 for automobile service center issued to Kuri Brothers several years earlier for that same operation at a different location, 4221 Connecticut Avenue, NW. On July 1, 2003, in BZA Appeal No. 16947, the Government of the District of Columbia Board of Zoning Adjustment upheld DCRA's decision to revoke C of O #B00181657.

DCRA records disclose that Kuri Brothers Inc. continues to operate an "automobile service center" at 4225 Connecticut Avenue, NW, in a C-3-A zone district, under the May 14, 2002 C of O. In light of the July 1, 2003 BZA decision, DCRA revokes C of O

Sent By: koo yuen;  
Received: 8/ 5/05 7:18PM;  
SENT BY: EUCLID OF VIRGINIA, INC;

1-301-652-7008;  
202 364 9617 -> koo yuen: Page 4  
202 364 9617;

Aug-7-05 3:37PM;  
AUG-4-05 19:30;

Page 4/4  
PAGE 4/4

#33914. Kuri Brothers Inc. is directed to discontinue the unauthorized use of the property, effective ten (10) days from the date of service of this notice. Should it be discovered that Kuri Brothers Inc. is continuing to operate the automobile service center after the effective date of this revocation, DCRA will initiate legal proceedings against it without further notice.

You are invited to submit comments and/or objections to the subject Notice of Revocation at least **two (2) days prior to the effective date** of the revocation by delivering them to the Acting Zoning Administrator, Neil A. Stanley, 941 North Capitol Street, N.E., Suite 2000, Washington, D.C. 20002. Notwithstanding the delivery of comments and/or objections, your C of O is revoked ten (10) days from the date of service of this notice unless you are notified by the Acting Zoning Administrator that the revocation is rescinded.

#### **RIGHT TO APPEAL**

You have the right, pursuant to 11 DCMR § 3200.2 (2003) and 12A DCMR § 110.6 (2004), to appeal this decision to the BZA. Should you decide to appeal DCRA's decision, your appeal must be made pursuant to the requirements set forth in the District of Columbia Zoning Regulations, D.C. Mun. Tit 11 (2004), and must be filed at the Office of Zoning, Board of Zoning Adjustment, 441 Fourth Street, N.W., Suite 2108, Washington, D.C. 20001.

If you decide to appeal, please send a copy of your appeal, pleading or written communication to the Zoning Administrator at DCRA, Office of the Zoning Administrator, 941 North Capitol Street, N.E., Suite 2000, Washington, D.C. 20002.

If you have any questions, you may contact my office at (202) 442-4576.

Date: August 4, 2005

Neil A. Stanley  
Neil A. Stanley  
Acting Zoning Administrator

**VAN NESS CAR CENTER**  
**4225 CONNECTICUT AVE NW**  
**WASHINGTON, D.C. 20008**  
**(202) 966-5955**

**Sales Comparison Report**

Profit Center : All Centers

Service Writer : All Service Writers

Printed on 11/27/2006 at 2:58:35PM

|                           | 1/1/2006 to 11/27/2006 | 1/1/2005 to 12/31/2005 | \$ Change           | % Change       |
|---------------------------|------------------------|------------------------|---------------------|----------------|
| <b>Sales</b>              |                        |                        |                     |                |
| <b>Parts</b>              |                        |                        |                     |                |
| Taxable                   | \$544,325.65           | \$596,722.68           | \$52,397.03         | 9.63 %         |
| NonTaxable                | \$13,694.24            | \$16,598.26            | \$2,904.02          | 21.21 %        |
| <b>Total Parts Sales</b>  | <b>\$558,019.89</b>    | <b>\$613,320.94</b>    | <b>\$55,301.05</b>  | <b>9.91 %</b>  |
| <b>Labor</b>              |                        |                        |                     |                |
| Taxable                   | \$475,257.41           | \$580,679.55           | \$105,422.14        | 22.18 %        |
| NonTaxable                | \$14,650.95            | \$20,480.63            | \$5,829.68          | 39.79 %        |
| <b>Total Labor Sales</b>  | <b>\$489,908.36</b>    | <b>\$601,160.18</b>    | <b>\$111,251.82</b> | <b>22.71 %</b> |
| <b>Sublet</b>             |                        |                        |                     |                |
| Taxable                   | \$6,214.40             | \$9,687.83             | \$3,473.43          | 55.89 %        |
| NonTaxable                | \$1,604.00             | \$129.94               | (\$1,474.06)        | -91.90 %       |
| <b>Total Sublet Sales</b> | <b>\$7,818.40</b>      | <b>\$9,817.77</b>      | <b>\$1,999.37</b>   | <b>25.57 %</b> |
| <b>Total Sales</b>        | <b>\$1,055,746.65</b>  | <b>\$1,224,298.89</b>  | <b>\$168,552.24</b> | <b>15.97 %</b> |
| Sales Include Discounts   | (\$2,489.58)           | (\$10,767.35)          | (\$8,277.77)        | 332.50 %       |
| <b>R.O. Summary</b>       |                        |                        |                     |                |
| Gross Sales               | \$1,146,617.30         | \$1,324,520.58         | \$177,903.28        | 15.52 %        |
| Number of Invoices        | 3,681                  | 4,513                  | 832                 | 22.60 %        |
| Average Per Invoice       | \$311.50               | \$293.49               | \$-18.01            | -5.78 %        |

Wed. October 25<sup>th</sup>, 2006



## auto parts

OF COLLEGE PARK  
6105 GREENBELT RD.  
COLLEGE PARK, MD 20740  
(301) 474-1030  
1-800-537-8251  
E-mail [gjwolym@aol.com](mailto:gjwolym@aol.com)  
[www.olyparts.com](http://www.olyparts.com)

To: Whom it may concern

From: Glenn J. Wolf

Re: Van Ness Auto Care/Chris Kuri

I am writing this at the request of Van Ness Auto Care, who has been a wholesale customer of Olympic Auto Parts since 1991.

The nature of the parts we supply to Van Ness Auto Care are characterized in the trade as "light repair" items. They purchase parts for automobiles and light trucks. The distinction of "light repair" items refers to the **type of repairs they perform.**

Based on the parts Van Ness purchases from Olympic, specifically, they include the following categories and parts:

- Tune-up parts: (Spark plugs, wire sets, ignition items.)
- Brake parts: (Brake pads and shoes, brake rotors, and calipers.)
- Cooling system: (Water pumps, fan belts, thermostats, and hoses.)
- Exhaust systems: (Mufflers, tailpipes, catalytic converters.)
- Suspension parts: (Tie rods, ball joints, control arms, shock absorbers.)
- Timing parts: (Timing belts, tensioners.)
- Hydraulic parts: (Brake and wheel cylinders.)
- Electrical parts: (Starters, alternators, oxygen sensors, and switches.)
- Other general repair items: (Wheel bearings and seals.)

In the automotive repair industry, which I have been involved in for over thirty-five years, "heavy-duty" repairs include (but are not limited to): engine and transmission rebuilding, repairs to heavy trucks and equipment, body work, and most remanufacturing processes. To my knowledge, and according to our records, Van Ness Auto Care does not purchase any parts from Olympic of this nature.

If you have any questions concerning this letter, I can be contacted by phone at: (land) 301-345-4131, (cell) 240-375-3637, or e-mail [{gjwolf@comcast.net}](mailto:gjwolf@comcast.net).

Very truly yours,

Glenn J. Wolf— President, Olympic Auto Parts

**MASTER BUSINESS LICENSE PROGRAM**

BUSINESS LICENSE CENTER

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

District of Columbia Government

P.O. BOX 1234, WASHINGTON, D.C. 20002

Federal ID No:

*Old Corp. Div*  
*5/15/2002*

Please Read Instructions Carefully Before Completing This Application

**SECTION A: TYPE AND PURPOSE OF APPLICATION**

Type of License: (✓) Place a check mark next to your selection )

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Master Business License A | <input type="checkbox"/> Master Business License B |
|----------------------------------------------------|----------------------------------------------------|

Purpose of Application: (✓) Place a check mark next to your selection )

|                                                            |                                                                |
|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Open New Business                 | <input type="checkbox"/> Add Endorsement To Existing License   |
| <input type="checkbox"/> Open Business At New Location     | <input type="checkbox"/> Transfer of ABC Establishment License |
| <input type="checkbox"/> Transfer License To New Ownership |                                                                |

**SECTION B: BUSINESS OWNERSHIP OR INDIVIDUAL TO BE LICENSED**

|                                                                                                                                                                            |  |                                                                                                                                                                                      |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. Name of Applicant (If Corporation or Partnership, Complete the Box to the Right)<br><b>Kuri Brothers, Inc.</b>                                                          |  | 1a. Partnership or Incorporating Information<br>Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Comp <input type="checkbox"/> |                                                                                                                           |
| 2. Trade Name of Business, If Any<br><b>Van Ness Auto Care</b>                                                                                                             |  | President or Partner                                                                                                                                                                 | Name <b>Charles Kuri</b>                                                                                                  |
| 3. Applicant Address<br>Street: <b>12030 Chase Crossing</b> Telephone: <b>(301) 494-4900</b> Suite: <b>#204</b><br>City/State: <b>Rockville, MD</b> Zip Code: <b>20852</b> |  |                                                                                                                                                                                      | Address: <b>12030 Chase Crossing</b><br><b>Rockville, MD 20852</b><br>Telephone #: <b>494-4900</b> Zip Code: <b>20852</b> |
| 4. Billing Name<br><b>Kuri Brothers, Inc.</b> Telephone: <b>202-966-5955</b>                                                                                               |  | Vice Pres. or Partner                                                                                                                                                                | Name <b>John F. Kuri</b>                                                                                                  |
| 5. Billing Address<br>Street: <b>4225 Connecticut Ave. N.W.</b> Suite: <b></b><br>City/State: <b>Washington, DC</b> Zip Code: <b>20008</b>                                 |  |                                                                                                                                                                                      | Address: <b>17134 91st St. N.W.</b><br><b>OLNEY, MD 20855</b><br>Telephone #: <b>301-924-0289</b> Zip Code: <b>20855</b>  |
| 6. Business Fax Number<br><b>(202) 244-4207</b>                                                                                                                            |  | Secretary/Treasurer                                                                                                                                                                  | Name <b>Koo Yoon</b>                                                                                                      |
| 7. Business E-Mail Address:<br><b></b>                                                                                                                                     |  |                                                                                                                                                                                      | Address: <b>4522 Albemarle St</b><br><b>114 Washington DC</b><br>Telephone #: <b></b> Zip Code: <b>20016</b>              |
| 8. Corporation or Non-Resident Applicant Agent's Name, Address and Telephone #:<br><b></b>                                                                                 |  |                                                                                                                                                                                      |                                                                                                                           |

### SECTION C: INFORMATION ABOUT THE PREMISES WHERE BUSINESS IS LOCATED

|                                                                         |                          |                      |                    |                           |                       |
|-------------------------------------------------------------------------|--------------------------|----------------------|--------------------|---------------------------|-----------------------|
| 1. Address of Premises Applied For<br><b>4225 Connecticut Ave, N.W.</b> |                          | 2. Quad<br><b>NW</b> | 3. Ward            | 4. ANC                    | 5. Zone<br><b>C3A</b> |
| 6. Certificate of Occupancy Number                                      | 7. Home Occupancy Number | 8. Date Approved     | 9. Lot<br><b>5</b> | 10. Square<br><b>2051</b> |                       |

### SECTION D: TYPE OF LICENSE ENDORSEMENT(S)

| Description of Business Activity | Related Business Code |
|----------------------------------|-----------------------|
| 1. <b>Auto Repair</b>            |                       |
| 2.                               |                       |
| 3.                               |                       |
| 4.                               |                       |
| 5.                               |                       |

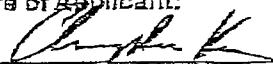
### SECTION E: INFORMATION ABOUT THE BUSINESS

|                               |                    |                       |                     |                        |                        |                           |                            |          |
|-------------------------------|--------------------|-----------------------|---------------------|------------------------|------------------------|---------------------------|----------------------------|----------|
| 1                             | Vehicle            | Make                  | Year                | Identification Number  | License Tag            | State                     | Tare Weight                | Capacity |
| 2. Additional D.C. Locations  |                    |                       |                     |                        |                        |                           | Certificate of Occupancy # |          |
| Address:                      |                    |                       |                     |                        |                        |                           |                            |          |
| Address:                      |                    |                       |                     |                        |                        |                           | Certificate of Occupancy # |          |
| Address:                      |                    |                       |                     |                        |                        |                           | Certificate of Occupancy # |          |
| 3                             | Indicate Number Of | Billiard Tables       | Bowling Alleys      | Bulk Fuel Meter Device | Bulk Fuel Storage Tank |                           |                            |          |
| Cigarette Vending Machines    |                    | Food Vending Machines |                     | Game Boards            |                        | Gasoline Dispensing Hoses |                            |          |
| Mechanical Amusement Machines |                    |                       | Parking Square Feet |                        |                        | Restaurant Seats          |                            |          |
| 4. Resident Manager           |                    | Telephone:            |                     | 4a. Apt. Units         | 4b. Rooming Units      |                           | 4c. Hotel/Motel Rooms      |          |
| Name:                         |                    | Apt.                  |                     |                        |                        |                           |                            |          |

**SECTION F: INFORMATION ABOUT EMPLOYEE TO BE LICENSED**

|                                                                             |       |      |      |          |        |                                  |               |                 |
|-----------------------------------------------------------------------------|-------|------|------|----------|--------|----------------------------------|---------------|-----------------|
| 1. Name of Company To Employ Licensee                                       |       |      |      |          |        | 2. UI Number (If applicable)     |               |                 |
| 3. Address of Company                                                       |       |      |      |          |        | 4. Signature of Owner or Manager |               |                 |
| 5. Date of Birth                                                            | Month | Date | Year | Height   | Weight | Color of Hair                    | Color of Eyes | Place of Birth  |
| 6. Driver's License Number                                                  |       |      |      |          |        | State                            |               | Expiration Date |
| 7. If non-resident, list name and D.C. Address of person to receive notices |       |      |      |          |        |                                  |               |                 |
| Name:                                                                       |       |      |      | Address: |        |                                  |               |                 |

**SPACE FOR ADDITIONAL INFORMATION**

|                                                                                                                |                            |
|----------------------------------------------------------------------------------------------------------------|----------------------------|
| Signature of Applicant:<br> | Date:<br><i>May 15, 02</i> |
|----------------------------------------------------------------------------------------------------------------|----------------------------|

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION  
ONE STOP BUSINESS CENTER

CORPORATE SURETY BOND

Bond No. 18926152 Issued By Equitable Insurance Agency, Inc.  
Address 4710 Auth Place, #685, Camp Springs, MD 20746 Phone No. 301 702 9494

This form is to used by all applicants for Consumer Goods Repair Dealers Licenses. Amount of corporate surety bond for consumer goods repair dealers is \$2,000.00 except that any such applicant dealer who employs more than five (5) repairmen shall file a corporate surety bond in the amount of \$5,000.00. This bond must accompany this application. Surety must immediately notify the Business Service Division upon making any payment on account of this bond. If recovery be had on this bond, Surety must reimburse bond to original amount.

1. KNOW ALL MEN BY THESE PRESENTS, THAT we, KURT BROTHERS, INC. T/A VAN NISS
2. AUTO CARE doing business in the District of Columbia at
3. 4221-25 Conn. Ave., N. W., Washington, D. C. 20008
4. as principal and PEERLESS INSURANCE COMPANY
5. do hereby are held and firmly bound unto the District of Columbia in the sum of Five thousand dollars
6. and no/100 (\$5,000.00) Dollars, lawful money of the United States for the
7. payment, whereof, well and truly to be made we bind ourselves and each of our heirs, executors, administrators, &
8. successors, and assign jointly and severally firmly by these presents: Signed with our seals this 4th day of
9. October in the year of our Lord one thousand nine hundred and 2001 of the effective
10. date of this bond to be October 1st 2001. Whereas, the above-bounden principal is about to apply
11. to the Department of Consumer and Regulatory Affairs of the District of Columbia for a license as a
12. SALE REPAIR and is about to engage in the business under the Consumer Goods Repair
13. Regulation, No. 740, of the District of Columbia adopted March 15, 1974. Whereas, it is desired by the obligors
14. herein to support by bond such license or any renewal or reinsurance thereof, if the same is issued to the principal;
15. NOW THEREFORE, the condition of this obligation is such if the principal shall conduct himself or herself and his
16. or her business in accordance with the requirements of this said act, that this obligation shall be null and void;
17. otherwise to remain in full force and effective through September 30, 20 03 any person aggrieved thereby shall
18. have, in addition to his right of action against the principal, the right to bring suit against the surety of this bond.
19. either alone or jointly with the principal, and to recover an amount not exceeding the penalty of this bond
20. any damages sustained by reason in any act, representation, omission or conduct of the principal which may be
21. prohibited by said act or equated as one of the causes for suspension or revocation of a license granted
22. hereunder, PROVIDED however, that the total liability of the surety hereunder in no event is to exceed the amount
23. of this bond; and PROVIDED FURTHER, that the surety hereunder may be terminated by giving thirty days notice
24. thereof, served personally or by registered mail, to the principal and to the Department of Consumer and Regulatory
25. Affairs of the District of Columbia; and upon giving such notice the surety shall be discharged from all liability under
26. such bond for any act or omission of the principal occurring after the expiration of thirty days from the date of
27. service of such notice.
- 28.

29. Signed by the president of the corporation: Licensee \_\_\_\_\_ Date \_\_\_\_\_  
 30. Witness Leon Buckner (Corporate Seal) \_\_\_\_\_ Date 5-14-02  
 31. Witness \_\_\_\_\_ Date \_\_\_\_\_  
 32. If incorporated, officers signature(s):  
 33. President \_\_\_\_\_ (Surety's Seal) \_\_\_\_\_ Date 5-14-02  
 34. Secretary - Attest \_\_\_\_\_ Date \_\_\_\_\_  
 35. Licensing and Registration  
PEERLESS INSURANCE COMPANY  
 36. Attorney-in-Fact \_\_\_\_\_ Date 10-4-2001

THE BACK OF THIS DOCUMENT HAS A COLORED BACKGROUND OF WHITE PAPER

**PEERLESS INSURANCE COMPANY**  
**THE NETHERLANDS INSURANCE COMPANY**  
 CAMP SPRINGS, NEW HAMPSHIRE 03401

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That Peerless Insurance Company and The Netherlands Insurance Company, each being a New Hampshire Corporation having its principal office in the City of Dover, County of Rockingham, State of New Hampshire, do hereby make, execute and approve:

**\*\*\*P. Sherman Shoemaker, Waldo Yowell\*\*\***

of Camp Springs in the State of Maryland their true and lawful attorneys-in-fact, with full power and authority hereby conferred in their full name, place and stead, to sign, execute, acknowledge and deliver in their full name, and as plain in fact and deed, without power of rededication as to laws:

bonds, undertakings, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, unlimited as to Dollar Amount.

and to bind the Company(ies) making this appointment thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the Company(ies); and all the acts of said attorney(s), pursuant to the authority herein given, are hereby ratified and confirmed.

**AUTHORITY FOR MAKING APPOINTMENT OF ATTORNEYS-IN-FACT**

Article IV Section 12 of Bylaws of Peerless Insurance Company states: "Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or President may prescribe, shall appoint such Attorneys-in-Fact as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations."

Article IV Section 12 of Bylaws of The Netherlands Insurance Company states: "Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or President may prescribe, shall appoint such Attorneys-in-Fact as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations."

**USE OF FACSIMILE SIGNATURES**

Use of facsimile signatures by Peerless Insurance Company is made pursuant to Resolution of the Board of Directors of Peerless Insurance Company, dated April 28, 1988. Use of facsimile signatures by The Netherlands Insurance Company is made pursuant to Resolution of the Board of Directors of The Netherlands Insurance Company, dated April 28, 1988.

**COMPANY MAKING APPOINTMENT**

The company making this appointment is identified by an "X" in the box opposite its name in the space provided below. It is the intent of Peerless Insurance Company and The Netherlands Insurance Company to use this instrument for the appointment of Attorney(s)-in-Fact for either Company designated, or for both Companies, if so indicated. In Witness Whereof:

☒ **PEERLESS INSURANCE COMPANY** ☒ **THE NETHERLANDS INSURANCE COMPANY**

this 24th day of October 2001

**PEERLESS INSURANCE COMPANY** **THE NETHERLANDS INSURANCE COMPANY**

By: Michael R. Christensen By: Michael R. Christensen

Attest: Janet S. Taylor President Attest: Janet S. Taylor President

Secretary Secretary

**STATE OF NEW HAMPSHIRE**  
**COUNTY OF CHESHIRE**

The foregoing instrument was acknowledged before me this 24th day of October 2001 by Michael R. Christensen President of Peerless Insurance Company and of The Netherlands Insurance Company and Janet S. Taylor, Secretary of Peerless Insurance Company and The Netherlands Insurance Company, New Hampshire Corporations, on behalf of the corporations.

Rhonda E. Gardine

Notary Public

Janet S. Taylor, Secretary of Peerless Insurance Company and The Netherlands Insurance Company do hereby certify that the above and foregoing is a true and correct copy of Power of Attorney executed by the Company(ies) designated above, which is filed in my records and in witness whereof, I have hereunto set my hand and affixed the seal of the County(ies) at Kennebunk, New Hampshire, this 24th day of October 2001.

Janet S. Taylor

Secretary

**APPLICATION FOR D.C. LICENSE**  
**CONSUMER GOODS REPAIR REGULATION**

TO: Director, Department of Consumer and Regulatory Affairs

Application is hereby made for license to engage in the business of:

☒ Motor Vehicle Repair Services

☐ Electronics Equipment Repair Services

Date: \_\_\_\_\_

When a consumer goods repair dealer operates more than one place of business offering repair services subject to the Consumer Goods Repair Regulation, he shall obtain a separate consumer goods repair dealer license for each such place of business.

The furnishing of false, misleading or fraudulent information shall be grounds for refusal to issue or to renew a license.

1. Applicant's Name Kuri Brothers Inc.
2. If the applicant is an individual or a partnership, is the individual, or are all the partners at least 18 years old?  
☒ Yes ☐ No
3. Trade name of business Van Ness Auto Care
4. Address for which applied 4335 - CRANE AVE NW Washington DC
5. Type of license applied for: ☒ Motor vehicle repair services ☐ Electronics equipment repair services
6. If an applicant is a corporation, give the complete names, current home phone numbers, addresses and office held by its principal officers:

|                                                       |                                   |
|-------------------------------------------------------|-----------------------------------|
| Name <u>Christopher Kuri</u>                          | Phone Number <u>301 970 0672</u>  |
| Address <u>12014 Clarks Crossing Cir Rockville MD</u> | Office Held <u>President</u>      |
| Name <u>John Kuri</u>                                 | Phone Number <u>301 428-2929</u>  |
| Address <u>11209 Dunscombe way Bethesda MD</u>        | Office Held <u>Vice President</u> |
| Name _____                                            | Phone Number _____                |
| Address _____                                         | Office Held _____                 |
| Name _____                                            | Phone Number _____                |
| Address _____                                         | Office Held _____                 |
7. If an applicant is a partnership, give the complete names, current home phone numbers, addresses and office held by its principal officers:

|                                                 |                                   |
|-------------------------------------------------|-----------------------------------|
| Name <u>Tola Kuri</u>                           | Phone Number <u>301 424 2929</u>  |
| Address <u>11201 Dunscombe Lane Bethesda MD</u> | Office Held <u>Vice President</u> |
| Name _____                                      | Phone Number _____                |
| Address _____                                   | Office Held _____                 |

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Office Held \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Office Held \_\_\_\_\_

8. If an applicant is the owner, give the complete name, current home phone number, and address:

Name Christopher Kuri Phone Number 301 770-0672Address 12014 Chase Crossing c/c 401 Rockville MD 20853

9. If an applicant is a non-resident of the District of Columbia, give the name, address and telephone number of an attorney-in-fact or a resident agent who resides or has an office in the District of Columbia, upon whom all fiducial and other process or legal notice directed to the applicant may be served.

Name Tim Chaney Koo Yuen Phone Number 202 966 5132Address 4522 Albemarle St NW DC

10. As a non-resident, have you attached a notarized consent agreement of your resident agent? ☒ Yes ☐ No

11. I certify that the applicant and the applicant's principal officers are fit, willing and able to conduct the business for which the license is sought, and to comply with the Consumer Goods Repair Regulations for the District of Columbia approved March 15, 1974, other laws applicable to repair transactions and the rules, regulations and requirements of the Mayor-Commissioner thereunder. ☒ Yes ☐ No

An applicant shall be presumed to be of good moral character unless he has been convicted of a crime which the Board finds has a substantial relationship to the functions and responsibilities to be performed by a supervisory inspector and has not demonstrated good moral character subsequent to his conviction.

(The following questions are to be answered by the applicant)

12. I have read the Consumer Goods Repair Regulations and certify that based upon my belief and information, applicant or applicant's principal officer have not been engaged in extensive or continuous conduct that violates the Consumer Goods Repair Regulation of the District of Columbia, approved March 15, 1974 or other laws applicable to repair transactions. ☒ Yes ☐ No

13. Is the name of the applicant as set forth on page 1, item 1, the true and lawful name of the applicant? ☒ Yes ☐ No

14. Has the applicant, or the applicant's chief executive officers been convicted within the past five years of a felony or any crime involving moral turpitude? ☐ Yes ☒ No

15. In the past five years has the District of Columbia or any jurisdiction denied, suspended or revoked any business or professional license for which you have applied or been licensed? ☐ Yes ☒ No

In the past five years has any surety company declined to be surety on your bond? ☐ Yes ☒ No

In the past five years has recovery been made on any bond issued in your behalf? ☐ Yes ☒ No

16. Attached hereto is a copy of the "Written Estimate and Final Bill" form I am presently using. ☒ Yes ☐ No

17. I hereby file with the Consumer Goods Repair Board a corporate surety bond in the amount of:

☐ \$2,000.00 ☒ \$5,000.00

Such corporate surety bond shall serve as protection for any person aggrieved by violation of this regulation pursuant to Section 47-82345(c) of the D.C. Code.

18. I will comply with provisions of Title 34, D.C. Rules and Regulations Human Rights Law. [ ☒ ] Yes [ ☐ ] No
19. In the space below, list each jurisdiction in which you are now doing business and each jurisdictions in which you have done business during the past five years:

DC Washington DC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. In the spaces below, list the total number of automotive and/or electronic employees:

Technical Repair Shop Employees 5 Other Repair Shop Employees 6 Total 11

21. I certify that the average annual total electronic equipment or automotive repair shop revenue for the previous two years is \$ \_\_\_\_\_.
22. I certify that all information contained in this application is true and correct. I am aware that should this information become inaccurate after filing, the Office of Consumer Protection must be notified with an amended notification within twenty (20) calendar days of the date the information becomes available.

Authorized Signature of Applicant Christopher King Date \_\_\_\_\_

23. YOU ARE NOT REQUIRED TO ANSWER THE FOLLOWING QUESTIONS - FOR INFORMATION PURPOSES ONLY.

List all types of electronic equipment used in repair services:

- |                          |    |
|--------------------------|----|
| 1. Tire Balance Machine  | 5. |
| 2. Tire Mounting Machine | 6. |
| 3. Alignment Machine     | 7. |
| 4. CAR LIFT.             | 8. |

| Clerk | Result | License Number |
|-------|--------|----------------|
|       |        |                |

Date \_\_\_\_\_

PD 78 REV. 01/93

| Date of Request<br><b>7.10.02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | METROPOLITAN POLICE DEPARTMENT<br>Washington, D. C.<br>CRIMINAL HISTORY REQUEST |                                        | MP PDID Number<br><b>SSW# 136563875</b>                                |                |           |             |                                                                                                                                          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------|----------------|-----------|-------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Request Record of: (Last, First, Middle Name)<br><b>Kuri Christopher</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                 |                                        | Purpose of Request (check one)                                         |                |           |             |                                                                                                                                          |  |  |
| Address<br><b>12030 Chase Crossing Cir</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                 |                                        | <input type="checkbox"/> Law Enforcement Purposes (not for employment) |                |           |             |                                                                                                                                          |  |  |
| Sex<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Race<br><b>W</b>                   | Birthdate<br><b>1.6.66</b>                                                      | Place of Birth<br><b>Paterson N.J.</b> | <input type="checkbox"/> Visas*                                        |                |           |             |                                                                                                                                          |  |  |
| Requesting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | Call-Back Number                                                                |                                        | <input type="checkbox"/> Employment*/Licensing*                        |                |           |             |                                                                                                                                          |  |  |
| Signature of Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | Badge No.                                                                       |                                        | <input type="checkbox"/> Challenge*                                    |                |           |             |                                                                                                                                          |  |  |
| IDENTIFICATION AND RECORDS DIVISION USE ONLY--(Check if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                 |                                        | Method of Request (Check One)                                          |                |           |             |                                                                                                                                          |  |  |
| <input type="checkbox"/> SUBJECT UNDER ARREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | <input type="checkbox"/> CORRECT COLOR CODE                                     |                                        | <input type="checkbox"/> Mail                                          |                |           |             |                                                                                                                                          |  |  |
| Request Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date and Time Received             | Date and Time Returned                                                          |                                        | <input type="checkbox"/> In Person                                     |                |           |             |                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                 |                                        | <input type="checkbox"/> MLET                                          |                |           |             |                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                 |                                        | <input type="checkbox"/> Telephone                                     |                |           |             |                                                                                                                                          |  |  |
| <p align="center"><b>D.C. CODE §1-2539 IS QUOTED HERE FOR YOUR INFORMATION</b></p> <p>It shall be an unlawful practice, punishable by a fine of not more than three-hundred dollars (\$300.) or imprisonment for not more than ten (10) days, or both, for any person to require the production of an arrest record or any copy, extract, or statement thereof, at the monetary expense of any individual to whom such record may relate. Such "arrest records" shall contain only listings of convictions and forfeitures of collateral that have occurred within ten (10) years of the time at which such record is requested. (Dec. 13, 1977, D.C. Law 2-38, Title II, §266, 24 DCR 6038).</p> <p>*I hereby authorize the release of my adult arrest record revealing convictions and forfeitures within the past ten (10) years.</p> <p align="center"><i>Chupka</i> <span style="float: right;"><b>7.10.02</b></span><br/>Signature <span style="float: right;">Date</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                 |                                        |                                                                        |                |           |             |                                                                                                                                          |  |  |
| <p><b>RESULTS OF CRIMINAL HISTORY FILE SEARCH</b></p> <p>TO: Criminal History Users <span style="float: right;"><input type="checkbox"/> Name Search <input type="checkbox"/> Fingerprint Search</span></p> <p>This request concerns information whose collection, dissemination, and use are conditioned and restricted by applicable federal and District of Columbia statutes, and policy of the Metropolitan Police Department. Continued assistance from this department is conditioned upon your strict adherence to these regulations.</p> <p><b>WARNING TO APPLYING AGENCIES:</b> The Metropolitan Police Department does not guarantee either the accuracy of the record or that the individual whose record is furnished is actually the same individual whose record was requested. To obtain accuracy, the record of the Court involved should be examined. Positive identification can only be determined by comparable fingerprints. Records of arrests obtained from the Metropolitan Police Department as detailed on this form are for convictions and forfeitures for the past 18 years prior to the date of request of this record, exclusive of periods of imprisonment, if any. This record does not reflect any cases which may be currently pending before the Courts or cases where convictions have been set aside pending appeals.</p> <p align="right"><b>CHIEF OF POLICE</b></p> <table border="1"> <thead> <tr> <th>Date of Arrest</th> <th>Charge(s)</th> <th>Disposition</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;"> <p><b>NO RECORD<br/>NAME FILE SEARCH</b></p> <p><b>JUL 10 2002</b></p> <p><b>METROPOLITAN POLICE DEPARTMENT<br/>WASHINGTON, D.C.</b></p> </td> </tr> </tbody> </table> |                                    |                                                                                 |                                        |                                                                        | Date of Arrest | Charge(s) | Disposition | <p><b>NO RECORD<br/>NAME FILE SEARCH</b></p> <p><b>JUL 10 2002</b></p> <p><b>METROPOLITAN POLICE DEPARTMENT<br/>WASHINGTON, D.C.</b></p> |  |  |
| Date of Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charge(s)                          | Disposition                                                                     |                                        |                                                                        |                |           |             |                                                                                                                                          |  |  |
| <p><b>NO RECORD<br/>NAME FILE SEARCH</b></p> <p><b>JUL 10 2002</b></p> <p><b>METROPOLITAN POLICE DEPARTMENT<br/>WASHINGTON, D.C.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                 |                                        |                                                                        |                |           |             |                                                                                                                                          |  |  |
| <p>Documents Released:</p> <p><input type="checkbox"/> Criminal History Record <span style="margin-left: 100px;"><input type="checkbox"/> Photograph</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span></p> <p><input type="checkbox"/> Prosecution Report <span style="margin-left: 100px;"><input type="checkbox"/> Fingerprints</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                 |                                        |                                                                        |                |           |             |                                                                                                                                          |  |  |
| Date of Record Search                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Record Searched By<br><i>S. M.</i> | Release Authorization                                                           |                                        |                                                                        |                |           |             |                                                                                                                                          |  |  |



## CARQUEST OF SILVER SPRING

---

2722-2724 Pittman Drive, Silver Spring, MD 20910  
Telephone 301-589-9515 Fax 301-589-9542

October 30, 2006

To Whom It May Concern:

CARQUEST Auto Parts of Silver Spring, MD does sell Van Ness Car Care Center, 4225 Connecticut Avenue NW, Washington DC 20008 automotive parts for tune-ups and light mechanical work.

Thank you.

Sincerely,

CARQUEST Auto Parts

A handwritten signature in cursive script that reads "Gene Carr".

Gene Carr  
Store Manager



COPY FOR YOUR  
INFORMATION

District of Columbia Government  
Department of Consumer and Regulatory Affairs  
Planning and Land Regulation Administration Zoning Division  
P.O. BOX 37200 — Washington, D.C. 20013-7200

B 00181657

CERTIFICATE OF OCCUPANCY

AUGUST 12, 1998  
(date)

Permission is hereby granted to KORI BROTHERS, INC.  
to use suite(s) \_\_\_\_\_ on the BASMENT floor(s)  
of the building located on lot(s) 5 square 2051  
known as premises 4221 CONNECTICUT AVENUE N.W. for the following  
purpose(s) AUTOMOBILE SERVICE CENTER  
NOT SEXUALLY ORIENTED [ ]

BZA # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES  
AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY  
for the premises, or part thereof, and for the purpose(s) indicated above, and IS NOT  
TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE  
in the type of business, ownership of business, or part of premises used therefor, will  
render this Certificate VOID and a NEW Certificate must be obtained.

ZONE C3A FEE \$ 32.00

Hampton Cross Director

By

Designee

OFFICE COPY

# C of O

## CERTIFICATE OF OCCUPANCY

PERMIT NO.

CO 33951

THIS PERMIT IS VALID ONLY FOR THE PREMISES  
OF THE PROJECT ADDRESS

DATE: 5/15/02

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                  |                                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------|-------------------------------------------|--------------------------|
| ADDRESS:<br>4221 CONNECTICUT AVE NW Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | FLOOR(S):<br>BASEMENT ONLY       | TRCLID:<br>(square)<br>WARD:<br>ZONE:     |                          |
| PERMISSION IS HEREBY GRANTED TO:<br>CORPORATION: KURI BROTHERS INC<br>ID No.: 942064                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                  | TRADING AS:<br>VAN NISS AUTO CARE         |                          |
| APPROVED USES:<br>OTHER - SEE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                  | PREVIOUS USES:<br>OTHER - SEE DESCRIPTION |                          |
| TYPE:<br>CHANGE OF OWNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SIZE NO. | OCCUPIED SQ.<br>FOOTAGE<br>9,000 | OCCUP. LOAD:                              | EXPIRATION DATE:<br>NONE |
| DESCRIPTION OF USE<br>AUTOMOTIVE SERVICE CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                  |                                           |                          |
| THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premises at the above address or part thereof, and for the purpose(s) indicated above, and IS NOT TRANSFERABLE to another parcel or premises under ANY condition. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained. |          |                                  |                                           |                          |
| David A. Clark<br>DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | PERMIT CLERK:<br>ADEMOLA SHILU   |                                           |                          |

GOVERNMENT  
OF  
THE DISTRICT OF COLUMBIA

+ + + + +

BOARD OF ZONING ADJUSTMENT

+ + + + +

PUBLIC HEARING

+ + + + +

TUESDAY

JANUARY 28, 2003

+ + + + +

The Public Hearing convened in Room 220 South, 441 4th Street, N.W., Washington, D.C. 20001, pursuant to notice, at 11:30 a.m., Geoffrey H. Griffis, Chairperson, presiding.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 fact that the work being done in the 21 days is simply  
2 incidental to installing things that people buy.

3 So it's a very interesting hypothetical  
4 question, but -- and we take the position that there  
5 was no such category they could have issued.

6 CHAIRPERSON GRIFFIS: Right.

7 MR. BARDIN: But the fact -- You have to  
8 decide cases in terms of the facts of the case.  
9 You're not writing laws here. You're not passing  
10 regulations.

11 CHAIRPERSON GRIFFIS: I agree.

12 MR. BARDIN: You are not the Zoning  
13 Commission. So I don't think anything is going to  
14 turn on that issue that you are now discussing.

15 CHAIRPERSON GRIFFIS: It is going to turn  
16 on it, because the pertinence of what the appeal is  
17 based on goes to what the intent -- why the  
18 certificate of occupancy was actually revoked, and  
19 maybe I am wasting people's time, but I am not clear  
20 on this, what the definitive element is that will be  
21 the substance of the appeal. And that is --

22 MR. BARDIN: As I --

23 CHAIRPERSON GRIFFIS: Let me just hear  
24 from Mr. Green briefly. Then I'll stop this.

25 MR. GREEN: All right. Again, and I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

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1 direct the Board's attention to the notice of intent  
2 to revoke the certificate of occupancy.

3 What took place was simply an attempt at  
4 accommodating a business merchant. In this particular  
5 instance, we have something called an automotive  
6 service center at the premises, and it was the  
7 understanding between what was represented to the  
8 agency by the Appellant that he wanted to install and  
9 sell small auto parts, and at that time the  
10 understanding was, well, maybe a light bulb here or  
11 there, and that was it.

12 CHAIRPERSON GRIFFIS: Okay. Without  
13 getting too far into a lot of detail.

14 MR. GREEN: Yes, I understand. Now doing  
15 major auto engine repair work did not fall within the  
16 scope of this understanding. Consequently, we have  
17 the issuance of this notice of intent to revoke the  
18 certificate of occupancy.

19 CHAIRPERSON GRIFFIS: Because of the  
20 operating outside the scope?

21 MR. GREEN: He operated outside the scope.

22 CHAIRPERSON GRIFFIS: Okay, that's all I  
23 need.

24 MR. GREEN: That's it.

25 CHAIRPERSON GRIFFIS: Good. Everyone

**NEAL R. GROSS**

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