EXHIBIT 7

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION
APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 4/2/2010 Receipt No. _____

Application Fee $25.00 Non Refundable
Certificate Fee is Based on square footage

C01001525 Cashier=s No. _____

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 2127 Queens Chapel Road, NE, Washington, DC 20018 Suite/Room No _____
2. Business Telephone No. 410-242-2221 Fax No. 410-242-1333 Lot 34 and 824 Square 4258
3. Trade Name of Business Stadium Group, LLC
4. Is Business Incorporated? Y/N Y-LLC Partnership? Y/N No Sole Proprietor? Y/N No New/Existing Existing
5. Corporate Name Stadium Group, LLC
6. President James T. Redding Vice President Keith Forney Secretary _____
7. Sole Proprietor No
8. Business Owner=s Mailing Address 2127 Queens Chapel Road, NE phone # (daytime) 410-242-2221

INFORMATION ON OCCUPANCY

9. ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☐ B.Z.A No. _____
10. Proposed Use of Premises Convert existing 1 story warehouse into new nightclub and restaurant.
11. Prior Use of Premises Warehouse
12. Proposed Occupancy Load 399 Square Feet Occupied 13,900
13. Floors to be Occupied 1 Basement ? ☐ Yes ☑ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? ☐ Yes ☑ No

INFORMATION ON ENTIRE BUILDING

15. Building Owner RF Holdings, LLC Telephone No. 410-242-2221
16. Building Owner=s Address: 1500 Caton Center Drive, Baltimore, MD 21227
17. Square feet 13,900 Numbers of floors 1 Basement No

ATTESTATION & SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

18. Owner of Business _____ Date March 23, 2010
Signature

If Authorized Agent for owner of Business (Attach Authorization)

19. Agentes Name Bello, Bello & Assoc 3/23/10 Date
Print Clearly Signature

20. Agent=s Address 900 2nd St, NE, WDC 20002

Visit our website www.dcra.org/permits for permit applications

* conditional CofO — expires — 5/3/10. Issued 4/2/10

NOTICE

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D. C GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639. ALL CALLS ARE CONFIDENTIAL

OFFICE USE ONLY

ADDRESS

Premise Address 2127 Queens Chapel Rd NE Suite/Room No _____

ZONING DIVISION

Zone C-M-2 Overlay District Y / N B.Z.A. No: _____ B.Z.A. approved date _____

Prior Use Warehouse/ Parking

Date of Last Certificate 9/18/06 Last Certificate No. C0125685 Prior B.Z.A No _____

Accepted for filing by mm22 Date 4-1-10

EXAMINERS USE

Use Change (Yes) No Inspections Required Yes (No) By mm22 Date 4-2-10

Building Permit Required Yes No By _____ Date _____

Inspection Fee $ _____ Issuance Fee $ _____ By _____ Date _____

Approved for Issuance by mm22 Date _____

C of O INSPECTION

Date of scheduled Certificate of Occupancy inspection _____

Inspection Status Approved Disapproved By _____ Branch _____ Date _____

Inspector=s Signature _____ Printed Name _____

Reason for Disapproval _____

C of O APPROVAL

(Approved) Denied Canceled By mm22

Reason for Denial/Cancellation Conditional C of O - Expires 30 days

If Approved, Certificate of Occupancy No. C0100152S Date of Issuance 4-2-10

Bldg _____ Electric _____ Plumbing _____ Fire _____ Zoning _____

Temporary Conditional Certificate – Nightclub and Restaurant [Not a Sexually Oriented Business Establishment] Maximum Occupancy Load 203; Subject to the following conditions:

1. No alcohol shall be served at any time (or kept on premises).
2. The lighting levels shall be maintained at a level sufficient to maintain safe egress, not to be less than a 10 foot-candles.
3. The fire main service vault shall be inspected and approved by DCRA.
4. The sprinkler system shall be inspected and approved by DCRA.
5. An executed covenant shall be recorded or a lot consolidation subdivision encompassing the two subject lots shall be applied for.
6. A "Fire Watch Plan" that is either approved by the Fire Marshal or the Chief Building Inspector shall be implemented during all times the building is occupied.
7. Unless revised or reissued this Certificate shall expire on May 3, 2010.

C0100 1838

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 4/21/10

Receipt Number: _____
Cashier Number: _____
C of O Number: _____

APPLICATION FEE $33 NON-REFUNDABLE
CERTIFICATE FEE IS BASED ON SQUARE FOOTAGE

Erasing, Crossing Out, Whiting Out, or Otherwise Altering Any Entered Information Will Void This Application

INFORMATION on PROPOSED BUSINESS

1. Premise Address 2127 Queens Chapel NE Suite/Room No _____
2. Business Telephone 269-9422 Fax Number 269-9430 Lot 94 Square 4258
3. Trade Name of Business Night Club
4. Is Business Incorporated? Y/N Y Partnership? Y/N _____ Sole Proprietor? Y/N _____ New/Existing Existing
5. Corporate Name Sterling Club LLC
6. President James Redding Vice President Keith Fanny Secretary Keith Fanny
7. Sole Proprietor _____
8. Business Owner's Mailing Address _____ Phone Number (daytime) 301 343-9425

INFORMATION on OCCUPANCY

9. (Ownership Change (Partial Occupancy (New Bldg. (Use change (Load Change (BZA No. _____
10. Proposed Use of Premises Night Club / Restaurant
11. Prior Use of Premises Warehouse
12. Proposed Occupancy Load 396 Square Feet Occupied 14000 SF
13. Floors to be Occupied 1 Basement ? (Yes (No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? (Yes (No

INFORMATION on ENTIRE BUILDING

15. Building Owner RF Holdings Telephone No. _____
16. Building Owner's Address 2127 Queens Chapel NE
17. Square Feet 14000 Numbers of floors 1 Basement 2

ATTESTATION and SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

18. Owner of Business _____ Date 4/21/10
Signature

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name _____ Date _____
Print Clearly Signature

20. Agent's Address _____

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION: In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated. Violators will be subject to disciplinary action.

OFFICIAL DCRA USE ONLY

ADDRESS

Premise Address 2127 Queens Chapel Rd NE Suite/Room No _____

ZONING INFORMATION

Zone C-M-2 Overlay District Y/N N BZA Number N/A B.Z.A. approved date —
Prior Use ~~Vacant~~ Restaurant/Night Club

Date of Last Certificate _____ Last Certificate No. _____ Prior BZA No _____
Accepted for filing by mzc Date _____

EXAMINERS USE

Use Change ☐ Yes ☐ Inspections Required ☐ Yes ☐ No By mzc Date 4/21/10
Building Permit Required ☐ Yes ☐ No By _____ Date _____
Inspection Fee $ _____ Issuance Fee $ _____ By _____ Date _____
Approved for Issuance by mzc Date _____

INSPECTION

Date of Scheduled Certificate of Occupancy Inspection _____
Inspection Status ☐ Approved ☐ Disapproved By _____ Branch _____ Date _____
Inspector's Signature _____ Printed Name _____
Reason for Disapproval _____

APPROVAL

Temporary Conditional C of O
Occupancy 396 w/349 seats

☒ Approved ☐ Denied ☐ Canceled By mzc
Expires 5/21/10

Reason for Denial/Cancellation _____

If Approved, Certificate of Occupancy No. C.O 100 1938 Date of Issuance 4/21/10

Bldg _____ Electric _____ Plumbing _____ Fire _____ Zoning _____

OFFICIAL DCRA USE ONLY