DEPA. ENT OF CONSUMER AND REGULATOR FAIRS C0120089S

Application for Certificate of Occupancy

Application Date: 01/12/12 C of O Number: _____

APPLICATION FEE IS 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 THE BUILDING/PROPERTY

1. Property Address 2427 Minnesota Ave NE Washington DC 20019
2. Building/Property Owner's Name: MINISOTA CORNER LLC Phone: _____ Email: _____
3. Property Square _____ Suffix ____ Lot 0074
4. Number of Floors 1ST
5. Zone C2A Overlay (if applicable) _____

RECEIVED
D.C. OFFICE OF ZONING
2012 FEB 16 PM 1:34

APPLICANT INFORMATION

6. Applicant's Name (see instructions): Chicken to go Inc
7. Trade name of business (if applicable) _____
8. Applicant's Mailing Address 2427 Minnesota Ave NE Wash-DC-20019
9. Applicant's Day Phone # _____ Cell # 240-503-9022 Email Address _____

INFORMATION ON PREMISES/OCCUPANCY

10. ☒ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
11. Proposed use of Premises Food Establishment: Prepared Food shop
12. Prior use of Premises Prepard Food shop C of O # CO 160214
13. Proposed Occupancy Load _____
14. Area Occupied by Proposed Use 1000.00 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use 1ST
16. Does your business sell or rent any goods or provide any services that could be described as sexually-oriented? ☐Yes ☒No If yes, please fill out the supplemental form.
17. Is your business a Medical Marijuana Dispensary or Production Facility? ☐Yes ☑No
18. Was this use approved by an order of the BZA or ZC? ☐ Yes ☐ No If yes, provide order # and date of approval: BZA RELIEF REQ
19. Is there a building permit associated with this application? ☐Yes ☒ No If yes, provide building permit number _____
20. What use was listed on the building permit? N/A
21. Were all inspections conducted and approved? ☐Yes ☒No
22. Is off-street parking on the property provided for this use? ☐Yes ☒ No If yes, number of spaces: _____

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18362
EXHIBIT NO. 10

BZA RELIEF REQUIRED

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.

Applicant or Agent's Signature _____ Date 01/12/12

*If you are an applying as an **Agent** on behalf of the Applicant, attach completed **Authorization Form**

Making a false statement on this application can result in the denial or revocation of your certificate of occupancy and criminal penalties, under D.C. Official Code § 22-2405, of a fine up to $1000 and/or imprisonment up to 180 days.

For more information about C of Os, please visit dcra.dc.gov and click on Permits/Zoning