RESIDENTIAL PETITION TO THE LOCAL AUTHORITY

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Applicant/Name of Organization:	**Kings & Queens Child Care Center, LLC**
Proposed Location:	**4831 9th Street NW., Washington, D.C. 20011**
Application for License Type	**Application for Variance/Special Exception** CASE # 18528
Public Hearing Date:	**April 2, 2013**
Location:	**4831 9th Street NW., Washington, D.C. 20011**

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18528
EXHIBIT NO. 25

BEFORE SIGNING THIS PETITION YOU NEED TO CONFIRM THE FOLLOWING

- You are at least twenty-one years of age.
- You are a resident within the designated area.
- You have specified the correct address for your residence.
- The petition circulator has witnessed your signature.
- Check the **YES** column if you support this type of business being located in the designated residential area.
- You have signed your name only (first, middle and last name). You cannot sign for another individual.
- You have not signed another petition concerning the same application.
- You have read the petition in its entirety and understand its meaning.
- Check the **NO** column if you do not support this type of business being located in the designated residential area.

Signature #	Please SIGN and PRINT your Full Name	Complete Home Address including Space or Apartment No.	Residential Neighbor in Adjacent Row House	AGE (21 or Older)	TODAY'S DATE	YES	NO
1	Signature Gwendolyn Fleming Printed Name Gwendolyn Fleming	4833 9th St NW Washington, DC 20011	✓	✓	2/19/13	✓	
2	Signature Jo-Brenda Musgrave Printed Name J-B. Musgrave	4827 9th St. N.W Wash. D.C. 20011	✓	✓	2/18/13	✓	
3	Signature Constance Davis Printed Name Constance Davis	4831 9th St, NW Wash D.C 20011	✓	✓	2/18/13	✓	

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4	Signature Mary E Williams Printed Name MARY E WILLIAMS	Mary Williams 4817 9th St NW	✓	67 Years old	02/19/13	✓	
5	Signature Virginia Fitzgerald Printed Name VA. FITZGERALD	4825 - 9th St. N.W	✓	77	2-22-13	✓	
6	Signature _____ Printed Name _____						
7	Signature _____ Printed Name _____						
8	Signature _____ Printed Name _____						
9	Signature _____ Printed Name _____						
10	Signature _____ Printed Name _____						

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AFFIDAVIT 21 YEARS OF AGE	
Applicant:	Cynthia Davis
Name of Establishment:	Kings & Queens Child Care Center, LLC
Proposed Location:	4831 9th Street N.W. Washington, D.C. 20011
Licensed Type	Child Care

AFFIDAVIT

I, Cynthia Davis do hereby state that I was the circulator of said petition consisting of 3 pages including this page, and further state that I personally witnessed each signature appearing on said petition, and that each signature thereon is the signature of the person whose name it purports to be; further that the address given opposite of that person's name is the true address of the person signing; that every person who signed, represented him or herself to be twenty-one (21) years or older, that each person signing the petition read, had the petition explained to them and understood the nature of the petition. I also hereby swear or affirm that no promises, threats, or inducements where employed whatsoever in connection with the presentation of this petition, and that every signature appearing hereon was completely free and voluntary given.

Circulator:	**Date Signed:**
Cynthia Davis	Cynthia Davis 3/18/13

SEAL	Notary: DISTRICT OF COLUMBIA
	Subscribed and sworn to before me this 18th day of March 2013 (Month and Year)
	Angelique A. Valladares
	My Commission Expires: 11-30-2014

ANGELIQUE A. VALLADARES
Notary Public, District of Columbia
My Commission Expires November 30, 2014