GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Certificate of Occupancy Authorization Form

Authorization Form to Act on Behalf of the Owner

To the Director, Department of Consumer and Regulatory Affairs:

This is to certify that I, Calvin Smith
(Print Name of sole owner, general partner, or corporation officer)

am the true Owner of the Business described below:

(Proposed address of business you intend to occupy):

3101 Adams Street NE WDC 2018

(Type of business you intend to operate):

Child Care Center

I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.

Name of Person/s to act on behalf of owner:

Address/es of Person/s to act on behalf of owner:

(Signature of Business Owner) (Date)

Sworn to before me this 22nd **day of** April **,20** 15

Tammi P Pannell (Notary Public)

My Commission Expires: 12/26/16

TAMMI P. PANNELL NOTARY PUBLIC PRINCE GEORGE'S CO. MD

TAMMI P. PANNELL
Notary Public, State of Maryland
County of Prince George's
My Commission Expires 12/26/2016

Board of Zoning Adjustment
District of Columbia
CASE NO.19107
EXHIBIT NO.8