GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Consumer and Regulatory Affairs

Building and Land Regulation Administration

Zoning Division

$25.00 Application Fee
Non-Refundable

$25.00 Permit Fee

APPLICATION FOR HOME OCCUPATION PERMIT

1. Applicant=s Name
   PHILLIPS (Last) MARK (First) LEE (Middle)

2. Social Security Number 214-70-0646

3. Residence Address 417 A ST SE WASH DC 20003 (Zip Code)

   Is the above address your principal place of abode • (Yes) • No

4. Applicant is the • (Owner) • Tenant • Other

   Premises indicated in question #3 is:

   (!) Owner Occupied Single Family Dwelling
   • Condominium/Cooperative Dwelling
   • Flat (two family dwelling)
   • Rented Apartment House Dwelling
   • Rooming House Dwelling (one room)

5. If applicant is other than the owner of premises in **question #3** above, does the owner of the property agree with its use in the proposed home based business? • Yes • No If AYes@, complete items below and submit a letter of authorization from the owner:

   Owner=s Name _____

   Owner=s Address _____

   Owner=s Telephone # _____

RECEIVED
D.C. DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
2002 SEP -5 PM 2:17

OFFICIAL USE ONLY

Review by: [signature] 9/24/02

HOP # 02-1234

Application Status: • approved • declined • pending

Date _____

BZA
Case No. 17079
Exhibit No. 11

Board of Zoning Adjustment
District of Columbia
CASE NO. 17079
EXHIBIT NO. 11

Application Date	Treasurer #	Receipt #

6. Number and relationship of persons residing with you:

Spouse _____ Parent _____ Children _____ Siblings _____ In-Laws _____ Other 1 DOMESTIC PARTNER

7. Are you physically handicapped? • Yes • (No) (If "Yes" complete the item below) Does the nature of your handicap require special equipment to assist you in rendering the proposed business service(s)? If so, please describe the equipment _____.

8. This application is for (check the appropriate box below):

- Sole Proprietorship
- Partnership**
- Limited Partnership
- Corporation*
- (•) Limited Liability Company
- Licensed Professional***

* **Attach to this application a copy of your Articles of Incorporation, Listing of Corporate Officers, and Letter of Good Standing (obtainable from the Corporations Division on the 1st floor in this building).**

** **Indicate partner's Name:** ~~KEITH R WILKINSON~~ mlp _____ **in each form of business ownership listed above, *APPLICANT'S RESIDENCE* must be official premise for activities of proposed business enterprise**

*** **Attach a photocopy of your license to practice your professions in the District of Columbia. Examples of Professions requiring Professional Licensure: e.g. Attorney, MD, DDS, CPA, RN, Funeral Director, Real Estate Sales, Architects.**

9. Describe the proposed business you intend to operate:
HOME OCCUPIED BED AND BREAKFAST

10. Are you presently operating a business in your residence? • Yes (• No)

11. The DC Zoning Regulations allow for a maximum of 25% of the available square footage of your home to be used in the operation of your proposed business. What is the total square footage of your residence? _____sq. ft. What percentage of the available square feet in your residence will be used in the operation of your proposed business? _____%

12. Where on the premises will materials (if any) used in the proposed business be stored? _____.

13. What equipment will be used in the operation of your proposed business? (ex. typewriter, personal computer, fax machine, file cabinet, etc.)

14. Will the operation of your proposed business require any architectural or structural modifications to your residence? • Yes • (No) (If "Yes", briefly describe modifications):

15. Will the operation of your proposed business require any interior modifications to your residence?
(If so, please check where appropriate):

• Electrical • Plumbing • Structural • (None)

16. The DC Zoning Regulation do not allow for employment of more than **ONE** employee in home based business. (**EXCLUDING FAMILY MEMBERS**) How many persons will be employed in your proposed business?
NONE.

17. Indicate your relationship to those to be employed: a. • Spouse b. • children c. • relatives
d. • Others. Do any of these persons reside with you? • Yes • No
(If "Yes", indicate which persons reside with you by circling the above letters {a, b, c, or d}).

18. Will you be operating a **Bed & Breakfast** business? • (Yes) • No; If "Yes", indicate number of sleeping rooms available for overnight guests ~~FOUR~~ TWO rooms. How many meals will be served per day? ONE. mtg 6-3-02

19. How do you propose to notify the public of the goods or services available from your home based business?
MARKETING AND ADVERTISING.

20. Will there be a sign posted on the proposed business premise? • (Yes) • ~~No~~ mtg If "Yes", describe the placement of the sign, its size and the identifying information to be placed on sign:
Size 12x12
Information FOUR SEVENTEN A VICTORIAN TOWNHOUSE

21. Will the proposed business result in the creation of a product? If "Yes" briefly describe the product:
NO

22. Will chemical compounds be used in the operation of your proposed business?
• Yes • (No)

23. Indicate the proposed hours of operation of your business? N/A to _____
(M-F)
• (Weekends Only) • (Evenings Only)

24. How many clients will be served on the premise within a one hour period? N/A

25. How many vehicles will be used in the operation of your proposed business? N/A

26. What type of parking will be provided for clients/visitors/employees of the proposed business? HISTORIC DISTRICT

(No Parking Provided) • Off Street Parking with _____ parking spaces on Street Parking

ATTESTATION AND CERTIFICATION

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in this application or resulting permit being voided.

Name of proposed business (as it is to appear on your Home Occupation Permit)

FOUR SEVENTEEN

MARK PHILLIPS
Applicant=s Printed Name

Mark Phillips
Applicant=s Signature

Daytime Telephone Number 202-543-1481

To the Applicant: A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING AND FINE YOU A MINIMUM OF $1,000.00. THIS CERTIFICATION IS REQUIRED BY THE *ACLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996"* EFFECTIVE MAY 11, 1996, DC LAW 11-118, DC CODE 47-2681 ET SEQ.

CERTIFICATION

I, MARK PHILLIPS (print name), certify that as of 5-8-02 (date), I do not owe more than $100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed permanent to the Litter Control Administration Action of 1985, effective March 25, 1986 (DC Law 6-100; DC Code 6-2901 et seq.)

2. Fines, penalties or interest assessed permanent to the Illegal Dumping Enforcement Act of 1994, effective March 20, 1994 (DC Law 10-117; DC Code 6-2911 et seq.)

3. Fines, penalties or interest assessed permanent to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1986 (DC Law 6-42; DC Code 6-2701 et seq.)

4. Past Due District of Columbia Taxes

I understand that if I knowingly falsify this Certification, the Department will move to revoke the permit for which I am applying, and to fine me $1,000.00. I further understand that the Department may conduct an investigation to ascertain the validity of this certification.

I understand that this certification is now required as documentation to accompany my application for a license or permit, and that by completing the Certification, I am not guaranteed approval of this application for same.

Mark Phillips
Signature of Applicant

Owner
Title of Applicant

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_____ **Approved:** Pursuant to DCMR Title II, Zoning Chapter 2, Accessory Uses (R-1) and 203 Home Occupation (R-1) the Zoning Administrator has determined that the Applicant has met all the

conditions necessary for the issuance of a Home Occupation Permit, based on the information in this application and the administrative review process.

Approved Date

5/28

Denied: Pursuant to DCMR Title II, Zoning Chapter 2, Section 202 Accessory Uses and 203 Home Occupation, the Zoning Administrator has determined that while the Applicant appears to have met the conditions necessary for a Home Occupation Permit, the proposed business is inconsistent with the general purpose and intent of the zoning regulations for the following reason(s):

Denied Date

Pending: Additional information from applicant required (*see next page)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form

Please read this form carefully and completely before signing. Any false information provided requires that the Department of Consumer and Regulatory affairs proceed immediately to revoke the license or permit for which you are now applying, and fine you one thousand dollars ($1,000.00). This Certification Form is required to be completed and submitted with any application for licensure or permit under the Clean Hands Before Receiving License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code Subsection 47-2861 et seq.).

I, MARK PHILLIPS, as CORPORATE OFFICER
Owner/partner/corporate officer

_____-using business tax number _____

as of this date, 6-3-02 does not owe more than one hundred dollars ($100.00) to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100 Subsection 602904 et seq.);

2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code Subsection 6-2911 et seq.);

3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6042, D.C. Code Subsection 6-2701 et seq.); or

4. Past due taxes.

I understand that if I knowingly provide false information on this Certification Form, the Department of Consumer and Regulatory Affairs will move to revoke the license or permit for which I am applying and fine me one thousand dollars ($1,000.00). I further understand that the Department of Consumer and Regulatory Affairs may conduct an investigation to ascertain the veracity of the information contained in this Certification Form.

I understand that this Certification Form is now required as part of my application for a license or permit, and that by completing it, I am not guaranteed that my license or permit will be approved.

Mark Phillips, President — 6-3-02

Signature and Title — Date

cc: Office of Tax and Revenue

For Tax Assistance Call (202) 727-4829

Date: June 03, 2002

Department of Consumer and Regulatory Affairs
Business Regulation Administration Corporations Division
Corporation Abstract Print Out

Corporation Detail

File No: **L11095** Inc Date: **04/10/2002** Type Code: **DLC** Country: **UNITED STATES**

State: **DC** Status: **AC** Status Date: Fee: **100.00** Bundle No: **D-143**

Name: **MPKW ENTERPRISES, LLC**

Agent: **C T Corporation System**

Address: **1025 Vermont Ave., N.W.** Zip Code: **20005** Zip 4:

Stock: Dollar Value:

Retire Date: Retired Box: Liber No: Folio No:

Perpetual: **Y** Duration: Goodstandings:

Special Note:

Miscellaneous:

Reports: