

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, Trang Nguyen / Katie Dang
(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):

207 New York Ave, NW Washington DC 20001

(Type of business you intend to operate):

Two family flat with a retail

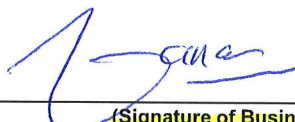
I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.

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


Mr. Douglas Foster

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

5427 14th Street NW, WDC 20011

 12/6/17
(Signature of Business Owner) (Date)

Sworn to before me this 6th day of December, 20 17

 (Notary Public)

My Commission Expires: 10.31.2020

CRYSTAL LASHAUN WRIGHT
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires October 31, 2020

