



# APPLICATION FOR CERTIFICATE OF USE FOR SIDEWALK CAFÉ IN PUBLIC SPACE

PERMIT OPERATIONS DIVISION

1100 4th St., SW, Washington DC, 20024

Date: 7/8/13

## CU

**CERTIFICATE OF USE**  
**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY**

Address of Premise: <u>4513 WISCONSIN AVE NW</u>		Square: <u>1770</u>	TYPE OF APPLICATION: a. <u>NEW</u> b. RENEWAL
		Lot: <u>0008</u>	
Owner of Business: <u>PEDAS TENLEY LLC</u> <u>c/o CIRCLE MGMT CO.</u>	Owner's Address: <u>4018 BRANDYWINE ST NW</u> <u>WASHINGTON, DC 20016</u>	Phone: <u>410-827-9002</u>	
Authorized Agent: <u>JOE SPINELLI</u>	Address: <u>PO BOX 141</u> <u>COLLEGE PARK, MD 20741</u>	Phone: <u>301-520-0247</u>	
Firm Name: <u>RESTAURANT CONSULTANTS</u>			
Sidewalk Café Permit Number: <u>PA 81210</u>	Date Originally Issued: <u>5/28/2013</u>		
Seating Capacity: Restaurant <u>38</u> Sidewalk Café <u>13</u>	Type: A. Enclosed <u>B. Unenclosed</u>		
Size of Sidewalk Café: Length <u>27'</u> Width <u>11'</u> Name of Restaurant <u>STARBUCKS</u>			

**APPLICANT:** I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH ON THIS APPLICATION. I FURTHER UNDERSTAND PENALTIES ARE PROVIDED FOR FURNISHING FALSE INFORMATION. I hereby certify that the application and plans are complete and correct to the best of my knowledge; and that if a certificate is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations and other applicable laws and regulations of the District of Columbia.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AGENT: Name: JOE Spinelli Signature: [Signature]

Date: 7/7/13

Business Owner: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OWNER:** I hereby certify that I am the owner of the property; that the application and plans are complete and correct to the best of my knowledge; and that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations and other applicable laws and regulations of the District of Columbia.

District Department of Transportation  
Inspector Name: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

PS Fees Applicable Yes \_\_\_\_\_ If Yes, \$ \_\_\_\_\_  
No \_\_\_\_\_

Inspections and Compliance Administration  
Inspector Name: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

TO REPORT WASTE, FRAUD OR ABUSE BY  
ANY DC GOVERNMENT OFFICE OR OFFICIAL,  
CALL THE INSPECTOR GENERAL AT 1-800-521-1639

