



GOVERNMENT OF THE DISTRICT OF COLUMBIA
ABRA APPLICATION

ALCOHOLIC BEVERAGE
REGULATION ADMINISTRATION
SEP - 1 10 3:07
APRA

OFFICIAL USE ONLY

License Number:		Date Accepted:		Accepted by:		Hearing Date:	
Fees Paid: \$	From	To	Issue Date:	From	To		
Date Approved by Board / /	Initial: →						
Date Denied by Board / /	Initial: →						
Ward/ANC:	<input type="checkbox"/> New	<input type="checkbox"/> Transfer (new location)	<input type="checkbox"/> Transfer With Sale	<input type="checkbox"/> Transfer without Sale	<input type="checkbox"/> Stock Transfer	<input type="checkbox"/> Storage	<input type="checkbox"/> Premise

TO BE COMPLETED BY APPLICANT

1. CATEGORY	2. CLASS	3. TYPE		4. ENTERTAINMENT ENDORSEMENT	5. ENDORSEMENT	6. OTHER TYPES
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Nightclub <input type="checkbox"/> Hotel	<input type="checkbox"/> Club <input type="checkbox"/> Multi-Purpose Facility <input type="checkbox"/> Common Carrier	<input checked="" type="checkbox"/> Entertainment <input checked="" type="checkbox"/> Dancing <input checked="" type="checkbox"/> Cover Charge	<input checked="" type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Summer Garden <input type="checkbox"/> Tasting <input type="checkbox"/> Brew Pub	<input type="checkbox"/> Safekeeping <input type="checkbox"/> 404.2 <input checked="" type="checkbox"/> 405.1 <input type="checkbox"/> No Substantial Change <input type="checkbox"/> Substantial Change

7. Maximum Number of Seats: 199 7a. Total Occupancy Load: 350 8. Number of Hotel Rooms: N/A

9. Applicant (Last Name, First Name, Middle Initial) or Entity: MMA BY TMI, LLC 10. Trade Name: TBD

11. Business Address: 2066 Rhode Island Ave NE 12. Mailing Address if different from business:

13. Business Telephone: () TBD 14. Fax Number: () TBD 15. Email Address: [REDACTED]

16. Type of Applicant ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☒ LLC ☐ Other (LLP or LP)

17. List the name of Sole Proprietors and All Partners below.

18. List all Corporate Officers, LLC Managing Members, General Partners by name and title who have an ownership interest.

Name	Title	Number of Shares	Percent of Interest
<u>Temitope B. Ijiti</u>	<u>Member</u>		

19. List the total number of stocks and shares distributed by the Corporation: N/A Authorized _____ Issued _____

20. Has there been any administrative action taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state?
☐ Yes ☒ No If yes, please explain what administrative actions were taken, location of action, and the disposition.

21. If applicant is a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant is the true and actual owner of the business.

Printed name: Temitope Ijiti

Signature: [Signature] Subscribed and sworn to before me on this 12 day of 8, 2016 Notary Public [Signature] My commission expires on 12/14/17

Printed name: ERIN SHARKEY

Signature: [Signature] Subscribed and sworn to before me on this _____ day of _____, 20____ Notary Public _____ My commission expires on _____

Printed name: 12-14-17

Signature: _____ Subscribed and sworn to before me on this _____ day of _____, 20____ Notary Public _____ My commission expires on _____

22. In what language do you need vital documents translated? English

SPECIAL NOTICE

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ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



BUSINESS INFORMATION

1. Business Address: 2066 Rhode Island Ave NE			
2. Trade Name TBD		3. Floor(s) for area of storage <u>basement, 1st</u>	
		4. Floor(s) of licensed business <u>basement, 1st</u>	
5. Will you be the true and actual owner of the business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain in an affidavit.			
6. Will any other business be conducted on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain fully.			
7. Do you have or have you previously held a license for the sale of alcoholic beverages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain.			
8. Will any portion of the premises be used for a dwelling or a lodging house? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there interior access to the living quarters from the licensed area? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A			
9. Does any manufacturer, brewery, distiller, wholesaler or solicitor of alcoholic beverages, or any employee thereof, or any other individual or corporations have any financial interest directly or indirectly in this business or any other business holding an ABC License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain fully.			
10. List the hours below:			
Days	a. Hours of Operation		b. Hours of Alcoholic Beverage Sales/Service/Consumption
	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	c. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From <u>6pm</u> To <u>2am</u>
Monday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From <u>6pm</u> To <u>2am</u>
Tuesday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From <u>6pm</u> To <u>2am</u>
Wednesday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From <u>6pm</u> To <u>2am</u>
Thursday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From <u>6pm</u> To <u>2am</u>
Friday	From <u>7am</u> To <u>3am</u>	From <u>8am</u> To <u>3am</u>	From <u>6pm</u> To <u>3am</u>
Saturday	From <u>7am</u> To <u>3am</u>	From <u>8am</u> To <u>3am</u>	From <u>6pm</u> To <u>3am</u>
List the hours for Summer Garden/Sidewalk Café below: <u>sidewalk cafe: 35 seats</u>			
Days	d. Hours of Operation		e. Hours of Alcoholic Beverage Sales/Service/Consumption
	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	f. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From _____ To _____
Monday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From _____ To _____
Tuesday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From _____ To _____
Wednesday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From _____ To _____
Thursday	From <u>7am</u> To <u>2am</u>	From <u>8am</u> To <u>2am</u>	From _____ To _____
Friday	From <u>7am</u> To <u>3am</u>	From <u>8am</u> To <u>3am</u>	From _____ To _____
Saturday	From <u>7am</u> To <u>3am</u>	From <u>8am</u> To <u>3am</u>	From _____ To _____

11. If you checked the box for tasting in question 5 in the ABRA Application, initial below that you understand that your tasting hours may not exceed your approved alcoholic beverage hours.

12. Provide below the name, address and distance (in feet) of the following:

	Name	Address	Distance
School	Bunker Hill Elementary	1401 Michigan Ave NE	6336 feet
Public Library	Woodridge Regional Library	1790 Douglas St NE	3168 feet
Day Care Center	Woodbridge Day Care Center	2004 Rhode Island Ave NE	272 feet
Recreation Center	Brentwood Recreation Center	2311 14th St NE	5808 feet

13. How were the above distances measured? google maps

Answer the following if you are an off-premise consumption establishment

14. Is there another ABC licensed establishment of the same class within 400 feet of your establishment? ☐ Yes ☒ No If yes, state name, address and distance.

15. Answer the following if you are applying for a Hotel, Tavern, Restaurant, Night Club, Club, Multi-purpose Facility, Boat or train license.

Describe the nature of operation, including the type of food served, type of entertainment, including nude performance(s), and any goods & services to be provided. If dancing is provided please indicate the dimension of the dance floor(s) and the location(s).

Tavern serving Caribbean food. No nude performances.

Entertainment to include live bands and DJs.

16. Answer the following if you are applying for a Restaurant, Hotel, or Tavern License.

If you checked "Cover Charge" in Section 4 of the ABRA application instructions AND have a Certificate of Occupancy over four hundred (400) persons, please provide the following:

- 1) Copy of Public Hall Certificate of Occupancy from the Zoning Administrator; AND
- 2) Copy of Entertainment Endorsement for a Public Hall from the Department of Consumer and Regulatory Affairs.

17. Answer the following if you are a Hotel or Restaurant License.

a. What are your projected gross annual receipts from food sales for the next twelve months (). How did you arrive at this amount?

Previous experience in the industry.

b. What are your projected gross annual receipts from alcoholic beverage sales for the next twelve months? () How did you arrive at this amount.

Previous experience in the industry.

18. Answer the following if you are applying for a new application or transferring ownership with a substantial change or transferring to a new location.

a. Give a detailed explanation as to what effect your establishment will have on real property values on the relevant locality, section, or portion of the District of Columbia.

No negative effect. This establishment will be surrounded by commercial and retail businesses.

b. Give a detailed explanation as to what effect your establishment will have on peace, order, and quiet including noise and litter, on the relevant locality, section or portion of the District of Columbia.

No negative effect. This establishment will fit in well with the businesses in the area.

c. Give a detailed explanation as to what effect your establishment will have upon residential parking needs and vehicular traffic and pedestrian safety.

No negative effect. This area is metro accessible, and there are metered spots in the area.

If applicant is a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.

19. Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.

Printed name: Temitope Igbat

Signature: [Signature]

Subscribed and sworn to before me on this 12 day of 8, 2015

Notary Public

[Signature: Erin Spauldy]

My commission expires on

12/14/17

Printed name: _____

Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public

My commission expires on _____

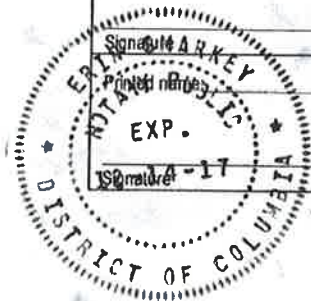
Printed name: _____

Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public

My commission expires on _____



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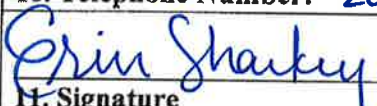
ATTORNEY/AGENT DESIGNATION

Please enter my appearance as attorney/agent for:

1. Applicant/Licensee Name: MMA BY TMI, LLC
2. License number, if applicable:
3. Trade name: TBD
4. Establishment's address: 2066 Rhode Island Ave NE

The purpose of the appearance form is to represent the establishment for the following reason:

5. <input checked="" type="checkbox"/> Filing an application for:	6. <input type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below:	7. <input checked="" type="checkbox"/> Protest Hearing
a. <input type="checkbox"/> Wholesaler		
b. <input checked="" type="checkbox"/> Retailer		
c. <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D		
d. <input type="checkbox"/> Caterer		
e. <input checked="" type="checkbox"/> Entertainment Endorsement		
f. <input type="checkbox"/> Tasting		
g. <input checked="" type="checkbox"/> Sidewalk café/Summer Garden		

8. Print Name: Andrew Kline	
9. Address: 1225 19th St NW Ste. 320	
10. Telephone Number: 202.686.7600	
11. Signature:  for AVK	12. Date: 8.12.2015

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LANDLORD AFFIDAVIT

1. Address of property upon which business is to be conducted.	2066 Rhode Island Ave NE
2. Name and address of the true and actual owner of the property.	2066 Rhode Island Avenue, LLC
3. Does a manufacturer or wholesaler have any direct or indirect financial interest in the property or business, including any money, equipment, furniture, fixtures or property either given, rented or loaned to landlord? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain.	
4. As the owner of the property do you have any financial interest, directly or indirectly, in the ABC license (i.e. lease, security agreement) ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain.	
4a. Do you hold any other ABC license in the District of Columbia? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain. (Copies of any financial interest in the license should be attached).	
If applicant is a sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.	
5. Certification: I hereby certify under penalty of perjury that the information in this application and attachments are true and correct.	
Printed name: James Sumner	
Signature: [Signature]	
Printed name: _____	
Signature: _____	Subscribed and sworn to before me on this _____ day of _____, 20____ Notary Public My commission expires on _____
Printed name: _____	
Signature: _____	Subscribed and sworn to before me on this _____ day of _____, 20____ Notary Public My commission expires on _____
Printed name: _____	
Signature: _____	Subscribed and sworn to before me on this _____ day of _____, 20____ Notary Public My commission expires on _____

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