

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

NOTICE OF PUBLIC HEARING

Posting Date: January 28, 2011
Petition Date: March 14, 2011
Hearing Date: March 28, 2011

License No.: ABRA-086246
Licensee: MZI Trading, LLC
Trade Name: Capitol Food Mart
License Class: Retail Class "B" Grocery
Address: 1634 North Capitol Street NW
Contact: Ibrahim Hussein 240-485-8413 or Maruye Ayalew 301-332-9509

WARD 5

ANC 5C

SMD 5C03

Notice is hereby given that this applicant has applied for a license under the D.C. Alcoholic Beverage Control Act and that the objectors are entitled to be heard before the granting of such license on the hearing date at 10:00 am, 2nd Floor, Suite 2000, 1250 U Street, NW, Washington, DC 20009. Petition and/or request to appear before the Board must be filed on or before the petition date.

NATURE OF OPERATION

This is a grocery store that is acquiring the license from 80 T Street and will move it to this new location. The store carries a variety of frozen foods, can goods, sodas, chips, snacks, milk, bread, eggs, paper goods, detergents and etc.

HOURS OF OPERATION

Sunday 9 am to 8 pm, Monday through Friday 8 am – 9 pm, Saturday 9 am to 9 pm

HOURS OF SALE/SERVICE & CONSUMPTION OF ALCOHOLIC BEVERAGES

Sunday 9 am to 8 pm, Monday through Friday and Saturday 9 am to 9 pm



GOVERNMENT OF THE DISTRICT OF COLUMBIA

ABRA APPLICATION

OFFICIAL USE ONLY

License Number: <u>ABRA-086246</u>		Date Accepted: <u>12-29-2010</u>		Accepted by: <u>[Signature]</u>		Hearing Date: <u>3-28-2011</u>	
Fees Paid: \$ <u>300</u>		From: <u>12-29-2010</u>	To: <u>9/30/2011</u>	Issue Date: <u>[Signature]</u>		To: <u>12-22-2012</u>	
Date Approved by Board: <u>/ /</u>	Initial: <u>→</u>					<u>am</u>	
Date Denied by Board: <u>/ /</u>	Initial: <u>→</u>						
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 checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Restaurant <input 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 type="checkbox"/> Entertainment <input type="checkbox"/> Dancing <input type="checkbox"/> Cover Charge	<input 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 type="checkbox"/> 405.1 <input type="checkbox"/> No Substantial Change <input type="checkbox"/> Substantial Change

7. Maximum Number of Seats:		7a. Total Occupancy Load:		8. Number of Hotel Rooms:	
9. Applicant (Last Name, First Name, Middle Initial) or Entity <u>MER TRADING LLC</u>			10. Trade Name <u>CAPITOL FOOD MART</u>		
11. Business Address <u>1634 No. Cap St NW</u>			12. Mailing Address if different from business		
13. Business Telephone: <u>(202) 387-1860</u>		14. Fax Number: ()		15. Email Address:	
16. Type of Applicant: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other (LLP or LP)					

17. List the name of Sole Proprietors and All Partners below.	
<u>IBRAHIM MUSSEIN</u>	
<u>MARUFE AYALEW</u>	

18. List all Corporate Officers, LLC Managing Members, General Partners by name and title who have an ownership interest.	Number of Shares	Percent of Interest
<u>IBRAHIM MUSSEIN</u>		<u>50%</u>
<u>MARUFE AYALEW</u>		<u>50%</u>

19. List the total number of stocks and shares distributed by the Corporation: 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>MARUFE AYALEW</u>	Notary Public PG County MD My Commission Expires 3-28-2012	Subscribed and sworn to before me on this <u>1st</u> day of <u>Dec</u> , 20 <u>10</u> Signature: <u>[Signature]</u>
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Printed name: <u>IBRAHIM MUSSEIN</u>	Notary Public PG County MD My Commission Expires 3-28-2012	Subscribed and sworn to before me on this <u>21</u> day of <u>Dec</u> , 20 <u>10</u> Signature: <u>[Signature]</u>
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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



BUSINESS INFORMATION

1. Business Address: <u>MZI TRADING LLC</u>			
2. Trade Name <u>CAPITOL Food MART</u>		3. Floor(s) for area of storage <u>1st floor</u>	4. Floor(s) of licensed business <u>1st floor</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully. <u>Grocery</u>			
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			
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	c. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From <u>9:00</u> To <u>8:00</u>	From <u>9:00</u> To <u>8:00</u>	From _____ To _____
Monday	From <u>8am</u> To <u>9pm</u>	From <u>9:00</u> To <u>9pm</u>	From _____ To _____
Tuesday	From <u>8am</u> To <u>9pm</u>	From <u>9:00</u> To <u>9pm</u>	From _____ To _____
Wednesday	From <u>8am</u> To <u>9pm</u>	From <u>9:00</u> To <u>9pm</u>	From _____ To _____
Thursday	From <u>8am</u> To <u>9pm</u>	From <u>9am</u> To <u>9pm</u>	From _____ To _____
Friday	From <u>8am</u> To <u>9pm</u>	From <u>9am</u> To <u>9pm</u>	From _____ To _____
Saturday	From <u>9am</u> To <u>9pm</u>	From <u>9am</u> To <u>9pm</u>	From _____ To _____
List the hours for Summer Garden/Sidewalk Café below:			
Days	d. Hours of Operation	e. Hours of Alcoholic Beverage Sales/Service/Consumption	f. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

11. If you checked the box for ~~yes~~ 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			
Public Library			
Day Care Center			
Recreation Center			

13. How were the above distances measured?

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).

A grocery store - variety of frozen foods, canned goods, sodas, chips, meat, milk, fresh eggs, paper goods, toiletries

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?

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

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.

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.

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

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 lawful owner of the business.

Printed name: IBRAHIM HUSSEIN

[Signature]

Signature

Subscribed and sworn to before me
on this 21st day of Dec, 2010

Notary Public
PG County MD
My Commission Expires 3-26-2012

[Signature]

Notary Public

My commission
expires on 03-26-2012

Printed name: MARUYE AYALEW

[Signature]

Signature

Subscribed and sworn to before me
on this 19th day of Dec, 2010

Notary Public
PG County MD
My Commission Expires 3-26-2012

[Signature]

Notary Public

My commission
expires on 03-26-2012

Printed name: _____

Signature

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

Notary Public

My commission
expires on _____