Yarmouth Management

Your rental source on Capitol Hill since 1981

309 7th Street SE
Washington, DC 20003
(202) 547-3511 – Fax (202) 547-9361
Rent@YarmouthM.com
www.YarmouthManagement.com

Dear Property Owner:

Attached is a package of forms to begin the process for obtaining a Basic Business License that is required by the DC Government. These forms come from the DC government website, except that we have taken this opportunity to fill in some of the items for you or to mark through those that are not applicable in most cases.

Each application is different, so please make sure to read each question carefully and contact me if you are unsure about how to answer. The last page of the package is a copy of the Inspection Report checklist used by DC officials inspecting your property. We have highlighted A, E, F, G, H, I, and L as things most likely to be **closely** inspected. Of course, it is best to make sure you are in compliance with all of these points before the inspector arrives.

Two of the forms may be completed online: The FR-500 and the BBL E-Z. Go to www.YarmouthM.com/BBL/ to access them. The RAD form must be turned in personally.

If you are completing the forms from this package, answer these questions, which may not be obvious, as follows:

- On the FR-500 Form, answer Question 5 (Business Name) with **Your Name**.
- On the BBL E-Z form Question 4.b, make sure to fill in the Certificate of Occupancy information correctly. If you are in a one-unit structure (say, a townhouse with no English basement rental or a single condominium unit), you are not required to obtain a Certificate of Occupancy. Put N/A in this blank. If your building has two or more units, you must have this Certificate.

Remember, do not send in the completed paperwork by mail. It must be submitted in person: 1) The FR-500 forms to the Office of Tax and Revenue at 1101 4th Street SW, second floor**;** 2) The BBL forms across the street at 1100 4th Street SW, second floor; and 3) The RAD form at 1800 Martin Luther King Avenue SE, second floor.

If it is not possible for you to file these forms yourself, you may hire a facilitator to process them on your behalf. Many of our clients have used a very competent individual, Michele Miller (703-946-9512, mamiller05@yahoo.com), for this service. She will be happy to discuss licensing details and fees with you.

Please give me a call if you have any questions.

Susan Zinter
Susan@YarmouthM.com
202-547-3511

Attachments

FR-500 COMBINED REGISTRATION APPLICATION FOR BUSINESS DC TAXES/FEES/ASSESSMENTS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE

PART I — General Information

1(a). **Federal Employer Identification Number** ☐☐–☐☐☐☐☐☐☐ 2. **NAICS Business Code** 5 3 1 1 1 0

1(b). **Social Security Number** ☐☐☐–☐☐–☐☐☐☐

3. **Reason for application: (please check)**

- ☒ New business
- ❑ Additional location
- ❑ Purchased existing business
- ❑ Name change (if a corporation, attach corporation amendment)
- ❑ Legal form change
- ❑ Street and Mobile Food Services Vendor
- ❑ Employment of household/domestic help
- ❑ Address change
- ❑ Merger (attach merger agreement)
- ❑ Other (describe on an attachment)
- ❑ Heating oil company
- ❑ Utility company

4. **Legal form of business (please check):**

- ❑ Sole Proprietor
- ❑ Limited Liability Company
- ❑ General partnership
- ❑ Limited Liability Partnership
- ❑ Corporation
- ❑ Limited partnership
- ❑ Government
- ❑ Joint Venture
- ❑ Other (specify)

Mandatory: If incorporated, enter state and date of incorporation.
State _____ Mo. _____ Day _____ Yr _____ otherwise go to Line 5.

5. Business Name (Individual, Partnership, Corporation) (Owner's name is name of business)

6. Trade Name (if different from Line 5)

7. Business Address *(PO Box is not acceptable unless located in a Rural Area)*

8. Mailing Address

9. Local Business Phone No. ( ) 10. Main Office Phone No. ( ) 10(a). Fax No. ( )

11. Date present business began or is expected to begin in DC
Mo. _____ Day _____ Year _____

12. If previously registered with the DC, please provide:

Former Entity Name _____ Business Tax Registration Number _____

Former Trade Name _____ Name of Former Owner(s) _____

13. **NAME, TITLE, HOME ADDRESS, SOCIAL SECURITY NUMBER OF PROPRIETOR, PARTNERS OR PRINCIPAL OFFICERS**

Name and Title	Home Address	Zip Code	Social Security Number
	E-mail Address		
Name and Title	Home Address	Zip Code	Social Security Number
	E-mail Address		
Name and Title	Home Address	Zip Code	Social Security Number
	E-mail Address		

PART II — Franchise Tax Registration

14. Indicate your profession, principal business activity or service (for example, retail grocery, wholesale auto parts, barber shop, doctor, contractor, etc.)
Residential Rental

15. Do you or will you have an office, warehouse, or other place of business in DC, or a representative with a DC location? ☒ Yes ❑ No

16. Do you or will you have merchandise stored in a public or private warehouse in DC? ❑ Yes ☒ No

17. Do you or will you perform in DC personal services (medical, accounting, consulting); or other services such as electrical, heating, construction, etc., or installations or repairs of any type? ❑ Yes ☒ No

18. Do you or will you generate any business related income from DC sources? ☒ Yes ❑ No

19. Do you or will you have rental property in DC? ☒ Yes ❑ No

20. Date converted or expected to be converted to rental property ___/___/___

21. Date on which your taxable year ends: Month _____ Day _____ Year _____ (❑ Calendar or ❑ Fiscal)

22. Describe fully ALL your current or expected business activities and/or major type of services performed within DC. (Attach separate sheet if necessary.)

Real estate property rental

(Rev. 03/14)

— INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED —

PART III — Employer's DC Withholding Tax Registration

23. Estimated total number of employees 0

24. Number of DC resident employees subject to DC Withholding Tax: _____

25a. Date when you began to employ DC resident(s) ___-___-___ mo. day yr.

25b. Date when you began or when you expect to begin to withhold DC tax from resident employees ___-___-___

26. Estimate of amount of DC tax to be withheld monthly from DC resident employees:

27. Will you have employee(s) working in DC?

28. Withholding from retirement accounts or plans ❑ Yes ❑ No

PART IV — Sales and Use Tax Registration

29. Check applicable box(es) below

- ❑ Reporting Sales Tax on retail sales or rentals.
- ❑ Reporting Use Tax on items purchased tax free inside/outside DC
- ❑ Purchasing in DC items for resale outside DC (Attach photocopy of state/county sales tax registration.)
- ❑ Purchasing in DC cigarettes for resale outside DC (Attach photocopy of state/county cigarette/tobacco license.)
- ☒ Making no taxable sales and tax is paid to vendors on all taxable purchases.
- ❑ Making exempt sales where a Certificate of Resale is issued.
- ❑ Street and Mobile Food Services Vendor.

30. Date when sales/use began in DC (mo./day/yr.) _____/_____/_____ or date expected to begin.

31. If you have more than one place of business where you collect taxes on sales in DC, do you wish to file a Combined Sales Tax Return for all locations? ❑ Yes ❑ No
Please attach a statement listing the additional places of business.

PART V, Section 1 — Personal Property Tax Registration

Describe the type of Personal Property at each location (ex. furniture, fixtures, machinery equipment and supplies), used for business purposes.

_____

_____

PART V, Section 2 — Ballpark Fee Registration

Are annual gross receipts greater than $5 million? ❑ Yes ❑ No Begin date (MMDDYYYY) __/__/____ End date (MMDDYYYY) __/__/____

PART V, Section 3 — Nursing Facility/Registration

❑ Yes ❑ No Begin date (MMDDYYYY) ___/___/_____ End date (MMDDYYYY) ___/___/_____

PART V, Section 4 — Tobacco Products Excise Tax Registration

❑ Yes ❑ No Begin date (MMDDYYYY) ___/___/_____ End date (MMDDYYYY) ___/___/_____

PART V, Section 5 — Intermediate Care Facility for Persons with Intellectual or Developmental Disabilities (ICF-IDD) Tax Registration

❑ Yes ❑ No Begin date (MMDDYYYY) ___/___/_____ End date (MMDDYYYY) ___/___/_____

PART V, Section 6 — Hospital Revenue Assessment

❑ Yes ❑ No Begin date (MMDDYYYY) ___/___/_____ End date (MMDDYYYY) ___/___/_____

PART V, Section 7 — Hospital Provider Fee

❑ Yes ❑ No Begin date (MMDDYYYY) ___/___/_____ End date (MMDDYYYY) ___/___/_____

PART V, Section 8 — Miscellaneous Tax Registration

Check applicable block(s) below and the appropriate payment booklets/returns will be sent to you or available on the website.

- ❑ Alcoholic Beverage Wholesaler
- ❑ Cable Television, Satellite Relay or Distribution of Video or Radio Transmission only
- ❑ Cigarette Wholesaler
- ❑ Commercial Mobile Service Tax
- ❑ Gross Receipts Public Utility
- ❑ Gross Receipts Tax on Toll Telecommunication Service
- ❑ Gross Receipts Tax on Heating Oil
- ❑ Interstate Bus
- ❑ Motor Vehicle Fuel Tax
- ❑ Gross Receipts Tax on Natural or Artificial Gas by Non-Public Utility Person
- ❑ Medical Marijuana

If you have questions please contact the Customer Service Administration at (202) 727-4TAX (4829).

CERTIFICATION

I declare under penalties as provided by law that this application (including any accompanying schedules and statements) has been examined by me and, to the best of my knowledge, it is correct.

Signature	Owner Title	Date

APPLICATIONS WHEN COMPLETED MUST BE SIGNED BY EITHER THE OWNER, PARTNER OR PRINCIPAL OFFICER OF THE CORPORATION. (Agents or Representatives signing must attach a *Power of Attorney.*)

OFFICIAL USE ONLY

Type Tax	Date Lia. began	Cycle	Method	Remarks
H				
J				
W				
S				
P				
MISC				
Reviewer/Date				
Date Data Entered/Initials				

COMPLETE PART VI ONLY IF YOU HAVE EMPLOYEES WHO WORK IN THE DISTRICT OF COLUMBIA.

Although some information has already been requested in Part 1, this form must be completed in its entirety by all employers who have employees working in the District of Columbia. PART VI will be processed separately from Parts I through V. If you have any questions or need additional information regarding PART VI, please call the DC Department of Employment Services Office of Unemployment Compensation-Tax Division at 202-698-7550 for assistance or email doesregistration@dc.gov

PART VI — Unemployment Compensation Tax Registration

1. **Federal Employer Identification Number** ☐☐–☐☐☐☐☐☐☐

2. **Previously assigned unemployment insurance number** *(if applicable)* ☐☐–☐☐☐☐

Reason for applying:

- ❑ New Business
- ❑ Merger (attach merger agreement)
- ❑ Household/domestic
- ❑ Change of Entity
- ❑ Reorganization
- ❑ Name Change (if a corporation attach corporation amendment)
- ❑ Additional location
- ❑ Purchased existing business
- ❑ Other (specify) _____

3. **Type of ownership** *(check one)*

- ❑ Sole Proprietor
- ❑ Partnership
- ❑ Joint Venture
- ❑ Corporation
- ❑ Household/domestic
- ❑ Limited Liability Company
- ❑ Limited Liability Partnership
- ❑ Other (specify) _____

If incorporated, enter:
State _____ Date _____
MM / DD / YYYY

4. **Describe in *detail* your business activity and/or major source of sales that generate sales and use tax; specify the product manufactured and/or sold, or the type of service performed.** ***(Omission of this information may delay the determination of your status.)***

5. **Entity name**

6. **Trade name** *(if different from line 5)*

7. **Street address of DC business, worksite or employee's home address if working from home. Application will NOT be processed without a DC address.** *(PO Box is not acceptable)*

8a. **Mailing address for Tax Correspondence**

8b. **Mailing address for Benefits Correspondence**

— COMPLETE REVERSE SIDE —

9. **Electronic Means of Communication** (Leave blank if not applicable)

- ❑ Local Voice Number _____
- ❑ Local Fax Number _____
- ❑ Main Office Voice Number _____
- ❑ Main Office Fax Number _____
- ❑ Tax E-mail Address _____
- ❑ Benefits' Email Address _____
- ❑ Website Address _____

10. **Owner, officer, or agent responsible for reporting and remitting unemployment taxes:**

Name _____

Title _____

Voice No. _____

Fax No. _____

11. **List proprietor, partners, or principal officers**

Name and Title	Address	Social Security Number

12a. First date of employment

Month: **Day:** **Year:**

12b. Date first wages were paid to employees performing services in DC *(write N/A if there were no services performed in DC.)*

Month: **Day:** **Year:**

12c. **For household employers only.** Do you have an individual in your private DC residence performing personal, rather than business, services to whom you pay $500 or more in one calendar quarter? ❑ Yes ❑ No

If yes: indicate the earliest quarter and calendar year when you paid $500 or more : **Quarter:** _____ **Year:** _____

Check your preference for filing Contribution and Wage Reports:
Quarterly _____ Annually _____

This space for official use only.

Account Number _____

Date _____

Signature _____

13. Number of workers employed in DC *(including officers).*

14. List all places of business in DC

BUSINESS NAME	LOCATION ADDRESS	ZIP CODE

15. If the reason for registering is due to the purchase of a going business, merger, reorganization, or change of legal entity, provide the following information including the percentage of assets acquired *(if needed, attach an additional explanation of transaction).*

Nature of transfer *(check appropriate box):*

- ❑ Purchase
- ❑ Merger or consolidation
- ❑ Foreclosure
- ❑ Receivership
- ❑ Lease
- ❑ Corporate Reorganization
- ❑ Bankruptcy
- ❑ Assignment
- ❑ Partnership reorganization *(admission or withdrawal of one or more partners).*
- ❑ Other *(specify in detail):* _____

Percent of assets acquired: % Date of transfer: Month: Day: Year:

Predecessor's Name

Predecessor's Account Number

Address

Trade name under which transferred business was operated

16. **COMPLETE THIS PART ONLY IF THIS IS A NON-PROFIT ORGANIZATION**

16a. Is the organization covered by the Federal Unemployment Tax Act?
❑ Yes ❑ No
If NO, is it exempt under §3306(c)(8) of the Federal Unemployment Tax Act?
❑ Yes ❑ No

16b. Is this a non-profit organization as described in IRC §501(c)(3) which is determined to be exempt from income under §501(a) of the IRC?
❑ Yes ❑ No
(If yes, please attach a copy of the §501(c)(3) exemption letter.)

16c. Choose an option to finance unemployment insurance coverage *(see instructions)*
❑ Contributions ❑ Reimbursement of trust fund

CERTIFICATION. *I declare under penalties as provided by law that Part VI (including any accompanying schedules and statements) has been examined by me and, to the best of my knowledge, it is correct.*

Signature	*Title*	*Date*	*Telephone Number*

THE COMPLETED PART VI MUST BE SIGNED BY THE OWNER, PARTNER OR PRINCIPAL OFFICER OF THE BUSINESS, OR BY AN AGENT *(Power of Attorney must be attached if signed by an agent.)*

Return completed forms to: Department of Employment Services
4058 Minnesota Ave. NE 4th FL
Washington, DC 20019
or email to: doesregistration@dc.gov

Please note that wage information and other confidential unemployment compensation information may be requested and used for other government purposes, including determination or verification of an individual eligibility for other government programs, This notice is required by 20 CFR §603.11(b).

Print Form

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

BBL EZ-FORM

BASIC BUSINESS LICENSE APPLICATION FORM 2009-01

DCRA USE ONLY
CUSTOMER NO.

LANGUAGE PREFERRED ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Amharic ☐ Korean ☐ Other: _____

BUSINESS TYPE

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Corporation (For Profit) ☐ Corporation (Non- Profit)

Section A APPLICANT/BUSINESS INFORMATION

1a. BUSINESS OWNER _____

If owner is Sole Proprietor, print his/her name. If owner is Corporation, Limited Liability Company (LLC), or Partnership, print official Company Name to be licensed

2a. FEDERAL ID Federal Employee Identification Number _____ or Social Security Number ___-___-____

3a. TRADE NAME (if applicable) _____ 4a. Number of Employees _____

BUSINESS ADDRESS INFORMATION

If this is a Corporation, LLC or Partnership, please provide address of the company's main headquarters or main mailing address here.

5a. STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER ( ) _____-_____ 6a. EMAIL _____@_____

Section A2 OFFICERS, PARTNERS, MEMBERS

All Corporations, Partnerships, LLCs, and Unincorporated Associations must complete this section

7a. PRESIDENT/PARTNER/MEMBER NAME First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

8a. VICE PRESIDENT/PARTNER/MEMBER First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

9a. SECRETARY/TREASURER/PARTNER/MEMBER First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Section B PREMISE ADDRESS INFORMATION

Location of business operation to be licensed

1b. STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

2b. QUADRANT (if known) NW☐ NE☐ SW☐ SE☐ 3b. Ward 6

PHONE NUMBER ( ) _____-_____ EMAIL _____@_____

CERTIFICATE OF OCCUPANCY/HOME OCCUPANCY PERMIT INFORMATION

4b. CERTIFICATE OF OCCUPANCY/HOME OCCUPANCY NUMBER _____ DATE ISSUED _____

Section C BILLING ADDRESS INFORMATION

1c. BUSINESS NAME _____ ATTENTION _____
(if different than line 1a.)

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Section D WEIGHTS & MEASURES

If you have electronic price scanners or weight measurement devices, contact the Office of Weights and Measures at 202-698-2130 to register your devices.

1d. DEVICES USED N/A NUMBER OF DEVICES N/A

Section E REGISTERED/RESIDENT AGENT INFORMATION

Corporations, Partnerships and LLCs must provide Registered Agent information. Sole Proprietors who are not DC residents must name Resident Agent and provide written consent.

1e. NAME Susan Zinter BUSINESS NAME Yarmouth Management

STREET ADDRESS 309 7th Street SE SUITE or APARTMENT NUMBER _____

CITY Washington STATE DC ZIP CODE 20003

PHONE NUMBER (202) 547 - 3511 EMAIL Rent @YarmouthM.com

I consent to act as a Resident Agent for the applicant on Line 1a.

Signature _____ Date _____

Section F LICENSE ENDORSEMENT & BUSINESS ACTIVITIES

Primary business category should be placed on line 1.

	BUSINESS ACTIVITY - LICENSE ENDORSEMENT	RELATED NAICS CODE
1	PRIMARY BUSINESS ACTIVITY	
2	Housing Residential	531110
3		
4		
5		
6		

Number of Seats: _____

Number of Units: _____

Section G CLEAN HANDS SELF CERTIFICATION

TO THE APPLICANT: Please read this form carefully and completely before signing. The District government shall not issue or reissue any license or permit if the applicant owes more than $100.00 in outstanding debt to the District of Columbia.

I, _____ (name), as Owner (owner/partner/corporate officer), certify that _____ (business name)

trading as _____ (trade name) at _____ (business address), using business tax number _____ (FEIN/SSN),

as of this date, does not owe more than one hundred dollars ($100.00) in outstanding debt, penalties and fees to the District of Columbia.

I understand that a signed and dated Clean Hands Self Certification Form is required as documentation to accompany my application for a basic business license, license endorsements, and permits. I understand that by completing and submitting this form I am not guaranteed that my license or permit will be approved.

I understand that the Department of Consumer and Regulatory Affairs may conduct an investigation to ascertain the veracity of the information contained in this Clean Hands Self Certification Form.

I understand that if I knowingly provide false information on this Clean Hands Self Certification Form, the Department of Consumer and Regulatory Affairs will proceed immediately to revoke each license or permit for which I am applying and fine me one thousand dollars ($1,000.00).

_____ Signature and Title _____ FEIN/SSN _____ Date

Section H APPLICANT'S SIGNATURE

Mail your signed BBL-EZ application and a check or money order for all fees, payable to "DC Treasurer" to:

Wells Fargo Bank
7175 Columbia Gateway Drive
Lockbox #91360
Columbia, MD 21046

or

Hand Deliver your signed BBL-EZ application and a check or money order for all fees, payable to "DC Treasurer" to:

DCRA Business License Center
1100 4th Street SW
2nd Floor
Washington, DC 20024

I hereby submit this application, required forms and payment in the amount of $_____ for consideration of Basic Business License based on the information in this application.

Applicant Signature _____ **Date** _____

I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to $1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, Contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative acion, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION: In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated Violators will be subject to disciplinary action

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

GOVERNMENT OF THE DISTRICT OF COLUMBIA

One and Two Family Dwelling
Basic Business License
Self-Certification Form

ADDRESS: _____ UNIT #: _____

BBL CAP No.: _____ Is property occupied? ☐ YES ☐ NO

Completed forms must be forwarded to the DCRA Business License Center upon application for the Rental Housing License.

Business License Center
1100 4th Street SW, Second Floor
Washington D.C., 20024

Inspections and Compliance Administration
1100 4th Street SW, Fourth Floor
Washington, DC 20024

By signing this Self-Certification Form, I hereby affirm that I:

1. recognize that non-compliance with all applicable laws and regulations of the District of Columbia may lead to personal liability for the violations,
2. recognize that non-compliance with all applicable laws and regulations may be grounds for legal liability from my tenants,
3. certify that my ceiling height is 7 feet in required spaces,
4. certify that all exit doors are readily openable from the inside without the need for keys, tools, special knowledge or effort,
5. certify that all required emergency escape and rescue openings are operational from the inside of the room without the use of keys or tools, (Bars, grilles, gates or similar devices must be releasable or removable from the inside without the use of a key, tool, or force greater than that which is required for normal operation of the escape and rescue opening.)
6. certify that hardwired smoke detectors are installed in the immediate vicinity of the sleeping areas and are functional,
7. agree to provide access for any and all subsequent regulatory/compliance inspections within 30 days of the issuance of this license including obtaining signed consent from the legal occupant,
8. understand that if I do not provide access for the inspections, the agency will secure a search warrant to complete the inspection and my license may be revoked,
9. agree to have any cited code violations corrected, reinspected, and approved by DCRA within the time specified in the notification.

I declare that the information provided is accurate, true and complete to the best of my knowledge and belief. I further declare that I have the authority to represent the property owner to complete this application and sign on behalf of the company and/or persons listed as owners.
I understand that if such information and/or claims contained in this application are false, I am subject to the penalty provisions of DC Law 22-2405.
Any fraud or misrepresentation on an application shall be grounds for automatic rejection of the application and/or civil administrative penalties. I understand t-hat failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

Owner / Agent Name: _____ Phone: _____

Owner / Agent Signature: _____ Date: _____

The landlord / operator is required to be aware of Lead Based Paint notification requirements. Go to www.epa.gov/lead & www.hud.gov/offices/lead for more information.

District of Columbia
Dept. of Housing and Community Development
Rental Accommodations Division (RAD)
1800 Martin Luther King Jr. Avenue SE, 2nd Floor
Washington, DC 20020
(202) 442-9505

RAD Date Stamp

RAD Form 1 (rev 2/12)

RAD Registration / Claim of Exemption Form

Complete Parts 1 thru 7 if the Housing Accommodation is subject to rent control. If the Housing Accommodation is **exempt**, skip Parts 5, 6 and 7. This registration is filed under provisions of D.C. OFFICIAL CODE §§ 42-3501 et seq. (Supp. 2008).
PRESENT PROOF OF OWNERSHIP OF HOUSING ACCOMMODATION WHEN FILING THIS FORM.

RAD Use Only

Certificate of Occupancy Number (if required)	Basic Business License Number	Registration/Exemption Number	
Intake Representative	Fee Per Rental Unit	Total Registration Fee	Proof of Ownership Presented

Part 1 – Address Of The Housing Accommodation You Are Registering

Street Address of Housing Accommodation You Are Registering (No P.O. Box)			Quadrant
Unit	City Washington	State DC	Zip Code
Square	Suffix (if any)	Lot	Ward

Part 2 – Property Owner's Business Information

Owner of Property (Different than the Property Address)			Trade Name of Business, if any
Street Address of Owner (No P.O. Box)			Quadrant
Unit	City	State	Zip Code

Business Telephone	Business Facsimile	Home Telephone	Email Address

Business Type (if applicable) (check box): □ Partnership □ Corporation □ LLC □ Sole proprietorship □ Other: _____	Name & Title of all Partners and/or Officers of Owner
D.C. Registered Agent of Owner (if applicable)	Trade Name of Business, if any
Street Address of Registered Agent (No P.O. Box)	Quadrant
Unit / City / State	Zip Code

Work Telephone	Work Facsimile	Home Telephone	Email Address

Property Management Company of Owner (if applicable)	Trade Name of Business, if any

Street Address of Property Management Company (No P.O. Box)			
Unit	City	State	Zip Code

Work Telephone	Work Facsimile	Home Telephone	Email Address

Part 3 – Property Profile

□ Multi-Family □ 2-Unit Flat □ Single Family □ Condominium □ Cooperative □ Rooming House □ Boarding House

□ Basement Unit □ English Basement □ Au-Pair Suite □ Other: _____

TOTAL NUMBER OF RENTAL UNITS IN HOUSING ACCOMMODATION: _____

Total Efficiencies	Total 1-Bedroom Units	Total 2-Bedroom Units
Total 3-Bedroom Units	**Total 4-Bedroom Units**	**Total 5+ Bedroom Units**

Part 4 – Claim of Exemption

If you claim any Rental Unit or Housing Accommodation is exempt from rent control under §205 of the Rental Housing Act of 1985, as amended (D.C. OFFICIAL CODE § 42-3502.05 (Supp. 2008). Check the reason(s) for your claim below.

□ A. Unit(s) in any federally or District owned housing accommodation or in any housing accommodation with respect to which the mortgage or rent is federally or District- subsidized except units subsidized under subchapter III D.C. OFFICIAL CODE § 42-3502.05 (a)(1) (Supp. 2008)).

□ B. Any rental unit in any newly constructed housing accommodation for which the building permit was issued after December 31, 1975, or any newly created rental unit, added to an existing structure or housing accommodation and covered by a certificate of occupancy for housing use issued after January 1, 1980, provided, however, that this exemption shall not apply to any housing accommodation the construction of which required the demolition of an housing accommodation subject to this chapter, unless the number of newly constructed rental units exceeds the number of demolished rental units (D.C. OFFICIAL CODE § 42-3502.05(a)(2) (Supp. 2008)).

X C. Four (4) or fewer Rental Units in the same Housing Accommodation, or an aggregate of four (4) Rental Units in more than one (1) structure in the District of Columbia, so long as the Housing Accommodation is owned by four (4) or fewer natural persons. (D.C. OFFICIAL CODE § 42-3502.05(a)(3) (Supp. 2008)).

□ D. Building that has been continuously vacant and not subject to rental agreements since January 1, 1985, and any housing accommodation previously exempt under 206(a)(4) of the Rental Housing Act of 1980, provided that upon re-rental the housing accommodation is in substantial compliance with the housing regulations when offered for rent(D.C. OFFICIAL CODE § 42-3502.05(a)(4) (Supp. 2008)).

□ E. Building that has been previously exempt under § 206(a)(4) of the Rental Housing Act of 1980 (D.C. OFFICIAL CODE § 42-3502.05(a)(4) (Supp. 2008)).

□ F. Rental unit(s) within a building owned by a cooperative association, whose proprietary lease(s) is/are owned by no more than four (4) members of the cooperative association, and whose owners(s) have a direct or indirect interest in no more than a total of four (4) Rental Units in the District of Columbia (D.C. OFFICIAL CODE § 42-3502.05(a)(5) (Supp. 2008)).

□ G. Building with a Building Improvement Plan under the Apartment Improvement or other DHCD multi-family assistance program. (D.C. OFFICIAL CODE § 42-3502.05(a)(7) (Supp. 2008)).

List each Housing Provider of four (4) or fewer Rental Units in the same Housing Accommodation, or of an aggregate of four (4) Rental Units in more than one (1) structure in the District of Columbia with a direct or indirect interest in any other Rental Unit in the District of Columbia, if you are claiming an exemption under § 205(a)(3) (D.C. OFFICIAL CODE § 42-3502.05(a)(3) (Supp. 2008)). ATTACH ADDITIONAL PAGES, IF NEEDED.

Name	Address	Telephone Number	Email Address

List below any Rental Unit in the District of Columbia in which any of the shareholders or members of the cooperative association with an ownership interest in proprietary lease of the Rental Unit that is the subject of this registration, has a direct or indirect interest, if you are claiming an exemption under § 205(a)(5) (D.C. OFFICIAL CODE § 42-3502.05(a)(5) (Supp. 2008)). ATTACH ADDITIONAL PAGES, IF NEEDED.

NOTE: NO MORE THAN FOUR (4) NATURAL PERSONS, WHO ARE SHAREHOLDERS OR MEMBERS OF A COOPERATIVE ASSOCIATION, MAY OWN THE PROPRIETARY LEAS E OR OCCUPANCY AGREEMENT FOR EACH UNIT, RESPECTIVELY, WHICH IS THE SUBJECT OF THIS CLAIM FOR EXEMPTION.

Name	Property Address	Number of Rental Units
N/A		

Part 5 – Current Related and Optional Services & Facilities as Part of Rent or Rental Agreement

Appliances	Included Services & Facilities	Optional Services & Facilities (separate fee)
□ Cooking range □ Dishwasher □ Dryer in unit □ Dryer - coin operated □ Garbage disposal □ Microwave □ Oven □ Refrigerator □ Washer in unit □ Washer - coin operated □ Other: _____	□ Air conditioning – central □ Air conditioning – window □ Cable □ Community room □ Doorman □ Elevator □ Fitness Room □ Front desk □ Heat – central □ Heat – radiator □ Hot water □ Intercom □ Internet access – Wi Fi □ Internet access – plug-in □ Laundry room □ Lobby assistant □ Maid service □ Parking attendant □ Parking – indoor □ Parking – off street □ Pest extermination □ Repair/maintenance □ Roof top deck □ Sauna □ Secretarial □ Security guards □ Storage room □ Swimming pool □ Other: _____	□ Air conditioning – central □ Air conditioning – window □ Cable □ Community room □ Doorman □ Elevator □ Fitness Room □ Front desk □ Heat – central □ Heat – radiator □ Hot water □ Intercom □ Internet access – Wi Fi □ Internet access – plug-in □ Laundry room □ Lobby assistant □ Maid service □ Parking attendant □ Parking – indoor □ Parking – off street □ Pest extermination □ Repair/maintenance □ Roof top deck □ Sauna □ Secretarial □ Security guards □ Storage room □ Swimming pool □ Other: _____
Utilities		
□ Natural Gas □ Electricity □ Water & sewer □ Other: _____		

Part 6 – Current Building-Wide Rent Charged and Efffective Dates

Unit	Tenant's Name (if available)	Rent Charged	Effective Date
	N/A		

Part 6 – Current Building-Wide Rent Charged and Efffective Dates (continued)

Unit	Tenant's Name (if available)	Rent Charged	Effective Date
	N/A		

ATTACH ADDITIONAL PAGES, IF NEEDED.

Part 7 – Rate of Return (§ 205(f)(6))

The rate of return for the Housing Accommodation is N/A %. Attach to this RAD Registration / Claim of Exemption Form the computations made to arrive at the rate of return by application of the formula provided in D.C. OFFICIAL CODE § 42-3502.12(b) (Supp.2008).

Part 8 – Certification Of Compliance With Housing Regulations

I, the owner or agent of this Housing Accommodation, certify that this Housing Accommodation is in substantial compliance with the D.C. Housing Regulations to the best of my knowledge.

Signature of Property Owner or Agent	Signature Date

Part 9 – Housing Provider Certification

I, the owner or agent of this Housing Accommodation, certify that the information that I have given on this form is complete and accurate to the best of my knowledge. If I am not the owner, I certify that I have the authority from the owner to make this certification. In signing this form, I understand that filing false statements with the Rental Accommodations Division is subject to a fine of up to $5,000 under the Rental Housing Act of 1985, as amended, and other D.C. laws.

Signature of Property Owner or Agent	Signature Date

CANCELLATION OF HOMESTEAD DEDUCTION — SENIOR CITIZEN TAX RELIEF

Government of the District of Columbia
Office of Tax and Revenue
Customer Service Administration
1101 4th Street, S.W., Second Floor
Washington, DC 20024
homestead@dc.gov

Square	Suffix	Lot	Property Address

Please cancel my Homestead Deduction ☐ **Senior Citizen Tax Relief** ☐

1. **This is no longer my principal place of residence (domicile) as of this date (mmddyyyy):**
2. **Owner(s) no longer meet age requirement** ☐
3. **Total adjusted household income is no longerless than $100,000** ☐
4. **Owner(s) deceased (please attach a copy of the death certificate)** ☐

Owner's Social Security Number

Spouse's Social Security Number

Signature	date (mmddyyyy)	Print Full Name

Current Mailing Address

RETURN TO:
Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue
1101 4th Street, S.W., Second Floor
Washington, DC 20024

Day Time Phone No.

E:mail Address

If you have further questions, please call the Customer Service Telephone Information Center at (202)727-4T AX (4829) or FAX (20 2)442-6691.

SOCIAL SECURITY INFORMATION: Pursuant to 42 U.S.C. §405(c)(2)(C), the Office of Tax and Revenue may request the social security number for tax administration purposes. Inclusion of the social security number is mandatory . The social security number will be used to determine the property owner's eligibility for the homestead deduction and/or senior citizen tax relief.

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Inspections and Compliance Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Basic Business License Inspection Report
One and Two Family Dwellings

ADDRESS: _____ UNIT #: _____

BBL CAP No.: _____ Inspection Date: _____ Inspector Name: _____

Is property occupied? ☐ YES ☐ NO NOV CAP No.: _____

1. Condition of Unit

			PASS	FAIL
X	A.	Are there HARDWIRED smoke detectors in THE VICINITY OF SLEEPING AREAS (14 DCMR §904.4; DC Official Code §6-751) [1 DAY]		
	B.	Does unit meet space requirements for occupancy? (2006 IPMC §404.2; §404.4; §404.6)		
	C.	Does ceiling height meet minimum requirements in all habitable spaces (2006 IPMC §404.3)		
	D.	Does unit meet light and ventilation requirements? (2006 IPMC §402; §403)		
X	E.	Are all exit doors readily openable without the need for keys, special knowledge or effort? (2006 IPMC §702.3) [1 DAY]		
X	F.	Are sleeping rooms free from gas meters and fuel burning appliances? (14 DCMR §402.4) [1 DAY]		
X	G.	Do all sleeping rooms have adequate emergency escape and rescue openings? (IPMC §702.4) [1 DAY]		
X	H.	Are walls, ceilings, doors and windows free of peeling paint, cracks and holes? (2006 IPMC §305.3)		
X	I.	Are windows & doors (including hardware) in good repair & weather tight? (2006 IPMC §304.13; §304.15)		
	J.	Are floors, steps and walking surfaces sound and reasonably level? (2006 IPMC §304.10; §305.4)		
	K.	Are electrical outlets, switches and fixtures in good repair and working properly? (2006 IPMC §605.1)		
X	L.	Are the required number of electrical receptacles and light fixtures present? (2006 IPMC §605.2; §605.3)		
	M.	Does dwelling unit contain the required plumbing fixtures in good repair? (2006 IPMC §502.1; §504.1)		
	N.	Is the heating system operational and in good repair? (2006 IPMC §602.2) [1 DAY]		
	O.	Is the water heating equipment operational and in good repair? (2006 IPMC §505.1) [1 DAY]		
	P.	Are all appliances installed properly and maintained in safe and good working condition? (14 DCMR §400.5)		
	Q	Is fire extinguisher placed properly in the condominium building? (12H DCMR §F906.1) [1 DAY]		

2. Required Certifications

		N/A	PASS	FAIL
A.	Water Heating Facilities (inspect between March 1—September 1) (2+ Dwellings) (12G DCMR §PM-505.5)			
B.	Central Heating System (inspect between March 1—September 1) (2+ Dwellings) (14 DCMR §501.10)			
C.	Air Conditioning (inspect between September 1 and May1) (1+ Dwellings) (14 DCMR §510.2)			

Notes: _____

Today your property:

[ ] **Passed Inspection.** Please allow 10 business days to process your case.

[ ] **Failed Inspection.** Correct the failed items and call (202)442-9557 to schedule a follow-up inspection.

[ ] Permits are required for items: _____

All requirements must be met prior to receiving a license. Failure to meet all requirements within **forty-five (45) days** from the date of application may result in your application for a Basic Business License being denied and loss of paid fees. **NOTE: Failed items are subject to the issuance of a notice of violation.**

The landlord / operator are required to be aware of Lead Based Paint notification requirements. Go to www.epa.gov/lead & www.hud.gov/offices/lead for more information.

Inspection report received by:

Owner / Agent Name: _____ Phone #: _____

Owner / Agent Signature: _____ Date: _____

VER. 1.5 (eff. 7/10)

LETTER OF AUTHORIZATION

Date: _____

Office of Tax and Revenue
1101 4th Street SW, Second Floor
Washington, DC 20024

Owner Name: _____

Business ID or SS#: _____

I, _____, Owner/Managing Member of the property located at _____, Washington, DC 200_____ authorize **Michele Miller** to process the FR 500 Application and/or the Clean Hands Self Certification Form with the Office of Tax and Revenue for the District of Columbia. This is to be done on my behalf as part of the procedure for application pertaining to a Basic Business License.

_____
Signature of Owner

_____
Date

Notarized:

Subscribed and Sworn before me this _____day of _____, 201___

_____

My commission expires _____

NOTARY SEAL/STAMP