



NEW YORK CITY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING CENTER
BASIC LICENSE APPLICATION



PLEASE PRINT

SECTION 1 - ALL APPLICANTS

- ☒ I am the sole proprietor of this company. ☐ YES ☐ NO
If YES, complete Sections 1, 2 and 4.
- ☒ The company to be licensed is a corporation or partnership (Inc., Corp., Co. LLC., Ltd., LLP).
If YES, complete Sections 1, 3 and 4. ☒ YES ☐ NO

BUSINESS PREMISES LOCATION INFORMATION:

Legal Name of Business. If Sole Proprietorship, provide name of individual. Corporation names must be exactly as filed with the New York State Secretary of State. Partnership names must be exactly as filed with the County Clerk.		
ST JOHNS LAUNDROMAT INC.		
Business's Trade or Doing-Business-As (DBA) Name, if applicable. Corporation's assumed name must be exactly as filed with the New York State Secretary of State. Partnership or Sole Proprietorship business names must be exactly as filed with the County Clerk.		
Business Address (Number and Street)		
1400 ST JOHNS PL		
City and State	Zip Code	Borough (check one):
BROOKLYN	11213	<input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input checked="" type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Business Telephone Number	Fax	E-mail
(718) 363-2962	(866) 641-4554	BRIXCG@GMAIL.COM

BUSINESS MAILING INFORMATION:

Contact Name and Title. Enter a name here ONLY if you want mail from the Department of Consumer Affairs to be addressed to a name other than your business's legal name.		
<input type="checkbox"/> Check here if contact's mailing address is the same as premises address above. If not, enter an address for mail from the Department of Consumer Affairs.		
City and State	Zip Code	Borough (check one):
		<input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Federal Employer Identification Number (EIN). (Mandatory for corporations, partnerships and sole proprietors with paid employees).	New York State Sales Tax Identification Number, if required. This is the number on your New York State Department of Taxation and Finance Certificate of Authority. Refer to the application checklist for the license type for which you are applying to determine if this is required. MAY HAVE 9, 10 OR 11 DIGITS.	
26-0816747	260816747- -	

FOR OFFICE USE ONLY									
Application number	1306273				CAMIS number	41373691			
Code	064		Class			Subclass	Item count		
Type	Laundry		HIC/Landscaper		<input type="checkbox"/> Yes <input type="checkbox"/> No		CSC Submitted		<input type="checkbox"/> Yes <input type="checkbox"/> No

The disclosure of Social Security numbers here is voluntary. The request is made pursuant to the NYC Charter and Administrative Code. This information will or may be used to enable the City of New York to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes requisite to promoting the general welfare.

SECTION 2 - SOLE PROPRIETOR

Last Name	First Name	M.I.
Home Address (Street, City, State, Zip Code)		
Social Security Number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div>		

SECTION 3 - CORPORATIONS AND PARTNERSHIPS

The information requested below must be provided for each stockholder owning 10% or more of the company's stock, and all corporate officers and partners.

If 10% or more of the company's stock is owned by an entity (rather than an individual), **the same information required here for the applicant must be provided for each entity**, along with that entity's Certificate of Incorporation or Certificate of Partnership, as appropriate. **Attach additional sheets if necessary.**

CORPORATE OFFICERS, PARTNERS AND STOCKHOLDERS

Last Name KUMM		First Name DONALD		M.I.
Title PRESIDENT		Social Security Number [REDACTED]		% Stock Owned 100 %
Home Address (Number and Street)	City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input checked="" type="checkbox"/> 08-Other	
Last Name		First Name		M.I.
Title		Social Security Number [REDACTED]		% Stock Owned
Home Address (Number and Street)	City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other	
Last Name		First Name		M.I.
Title		Social Security Number [REDACTED]		% Stock Owned
Home Address (Number and Street)	City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other	
Last Name		First Name		M.I.
Title		Social Security Number [REDACTED]		% Stock Owned
Home Address (Number and Street)	City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other	
Last Name		First Name		M.I.
Title		Social Security Number [REDACTED]		% Stock Owned
Home Address (Number and Street)	City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other	

SECTION 4 - ALL APPLICANTS

The following questions must be answered on behalf of all persons (including individuals and entities) named anywhere on this application. If the answer for any one of those persons is YES, the question must be answered YES. Use extra paper if necessary. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, SUBMIT A SIGNED EXPLANATION AND ATTACH ALL RELEVANT DOCUMENTS.

1. Has any person named on this application **ever been licensed** by the New York City Department of Consumer Affairs (DCA)? ☐ YES ☒ NO

If YES, provide the license number(s) involved. _____

2. Has any person named on this application **ever been an officer, director, shareholder or partner** of an entity licensed by DCA? ☐ YES ☒ NO

3. Is any individual named on this application **related by blood or marriage** to any individual who is, or who ever has been, licensed by DCA, or who serves, or has ever served, as an officer, director, shareholder or partner in an entity licensed by DCA? ☐ YES ☒ NO

4. Has any person named on this application **ever had a DCA license denied, suspended, or revoked?** ☐ YES ☒ NO

If YES, provide the license number(s) involved. _____

5. Has any person named on this application been **found guilty of any crime or offense** (conduct, whether criminal or civil, punishable with a term of imprisonment or a fine by a governmental agent or agency)? ☐ YES ☒ NO

If YES, include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. **Do not include** situations in which you were determined to be a juvenile delinquent, youthful offender, wayward minor, or person in need of supervision. (See NOTE below.)

6. Is there **any kind of criminal charge whatsoever** pending against any person named on this application? ☐ YES ☒ NO

7. Is there **any civil charge** (including an administrative charge) pending against any person named on this application that relates to a business engaged in by that person? ☐ YES ☒ NO

8. Is there any DCA-issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or Other Order now in effect and/or pending against any person named on this application? ☐ YES ☒ NO

If YES, include all DCA-imposed obligations to pay fines or restitution that have not been satisfied in full.

9. Has any court rendered a judgment against any person named on this application or any business operated by such a person **for activity related to the conduct of a business?** ☐ YES ☒ NO



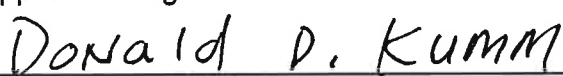
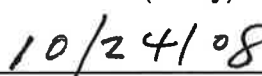
10. Is there any judgment against any person named on this application or any business operated by such a person for activities relating to such a person's business and that **has not been paid in full for thirty days or more?** ☐ YES ☒ NO

NOTE: A conviction does not, by itself, mean you will not get a license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction, will be considered. However, your license may be denied if you fail to disclose a conviction in response to this question.

I have received a copy of the laws and regulations relating to the license for which I am applying. If granted this license, I promise that the licensee will comply with the applicable law and the rules of the DCA that are now in force, and those that are enacted in the future.

I understand that the application process for a license with the Department of Consumer Affairs is incomplete and that I may not operate until an actual license document has been issued and is in the licensee's possession.

PENALTY FOR FALSIFICATION: Lying on this application is a crime punishable by a fine, imprisonment, or both. A fine for each false statement, as high as \$500, may be imposed by DCA. In addition, each false statement is punishable by a fine as high as \$1000 if prosecuted criminally.

 Applicant's Signature	 Applicant's Title (if any)
 Print Full Name	 Date

IF YOU ARE NOT REGISTERED TO VOTE, WOULD YOU LIKE TO REGISTER HERE TODAY? ☐ YES ☐ NO

WHETHER YOU APPLY TO REGISTER TO VOTE OR NOT, IT WILL NOT AFFECT THE ASSISTANCE DCA WILL PROVIDE TO YOU.
 IF YOU WISH, WE WILL HELP YOU IN FILLING OUT THE VOTER REGISTRATION APPLICATION.

FOR OFFICE USE ONLY	
PROCESSING THE APPLICATION 1a. Are there any unpaid fines? <input type="checkbox"/> YES <input type="checkbox"/> NO 1b. If YES, is there a clearance letter attached? <input type="checkbox"/> YES <input type="checkbox"/> NO 2a. Was a 10 day letter issued? <input type="checkbox"/> YES <input type="checkbox"/> NO 2b. If YES, give reason ↓ Processor's Signature ↓ <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING Date ↓	
ADMINISTRATIVE DISPOSITION Application Status➡ <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date➡ Processor's Signature	
FINGERPRINTS Date fingerprints were taken	Number of fingerprints taken for one application
Fingerprints were taken by (Counter staff's name)	



Robert D. LiMandri
Commissioner

December 16, 2008

John Gallagher, R.A.
Deputy Borough
Commissioner
Email:
Johnga@buildings.nyc.gov

Yu Kuang
342 Bay Ridge Parkway
Brooklyn, NY 11209

210 Joralemon Street
8th Floor
Brooklyn, NY 11201
www.nyc.gov/buildings

**Re: 1400 St. Johns Place
Block 1384 Lot 32 BIN# 3037068
Brooklyn**

+1 718 802 3676 tel
+1 718 802 4098 fax

Dear Sir or Madam:

This is in response to your request dated November 3, 2008 for a Letter of No Objection for the above referenced premises. There is no Certificate of Occupancy on file for this property. However, Department of Building records show that application #302382357 was signed off on 6/25/08.

Therefore, the Department of Buildings has **no objection** to a Laundromat at the first floor of the above referenced premises.

If this building is hereafter altered or its use changes, an application must be filed and a new Certificate of Occupancy shall be obtained pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me at the telephone number above if I can be of any further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Gallagher", with a long horizontal line extending to the right.

John Gallagher,
Deputy Borough Commissioner
Brooklyn

CC: Rudolf Govic, Plan Examiner
LNO file

FILING RECEIPT

ENTITY NAME: ST. JOHNS LAUNDROMAT, INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: KING

FILED: 06/25/2007 DURATION: PERPETUAL CASH#: 070625000573 FILM #: 070625000539

FILER:

EXIST DATE

INTERSTATE FILING CORPORATION
18 EAST BROADWAY, 6/FL

06/25/2007

NEW YORK, NY 10002

ADDRESS FOR PROCESS:

DONALD KUMM
1400 ST. JOHNS PLACE
BROOKLYN, NY 11213

REGISTERED AGENT:

STOCK: 200 NPV



MATTHEW SIMMONS
Notary Public, State of New York
Qualified in Nassau County
No. 01516141631
My Commission Expires Feb. 27, 2010

SERVICE COMPANY: INTERSTATE FILING CORPORATION

SERVICE CODE: F0 *

FEES	160.00
FILING	125.00
TAX	10.00
CERT	0.00
COPIES	0.00
HANDLING	25.00

PAYMENTS	160.00
CASH	0.00
CHECK	0.00
CHARGE	0.00
DRAWDOWN	160.00
OPAL	0.00
REFUND	0.00

**Transaction Report & Invoice**

Western Surety Company
101 South Phillips
Sioux Falls, SD 57104-6703

Principal Information: ID:

ST. JOHNS LAUNDROMAT INC
1400 ST. JOHNS PLACE
BROOKLYN, NY 11213

Agency Code: 31-19400

Northeastern Group, Ltd.
188-10 Northern Blvd.
Flushing, NY 11358

Transaction Description:**Transaction Effective Date:** 11-14-2008**Number:** 15223128

Written By: Western Surety Company
Description: NY Third Party Bond (New York City) - Laundromat

Obligee: City of New York

Dept of CONSUMER AFFAIRS

Effective Date: 11-14-2008
Expiration Date: 12-31-2009
Current Penalty: \$500.00
Renewal Method:

Gross Premium Charge: \$88.00
Commission Amount:
Net Premium Due:

Change Detail:

Paid in full
E. Hatcher
11/14/08

Agent: You may remove stub below to use as a billing/credit invoice

CNA Surety**INVOICE**

601	FILE NO.	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
	15223128	11-14-2008	12-31-2009	11/14/2008	\$500.00
PRINCIPAL	ST. JOHNS LAUNDROMAT INC 1400 ST. JOHNS PLACE BROOKLYN, NY 11213				
RISK STATE	NY				
DESCRIPTION	NY Third Party Bond (New York City) - Laundromat				
OBLIGEE	City of New York				
	AGENCY CODE 31-19400	\$88.00			

Your agent is: Northeastern Group, Ltd.
188-10 Northern Blvd.
Flushing, NY 11358

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



Western Surety Company

SIoux FALLS, SOUTH DAKOTA
THIRD PARTY BOND

Know all Men by these Presents

No. 15223128
Effective Date: November 14th, 2008

That we ST. JOHNS LAUNDROMAT INC of
1400 ST. JOHNS PLACE BROOKLYN, NY 11213

as Principal, and WESTERN SURETY COMPANY, a corporation duly organized under the laws of the state of South Dakota, as Surety, are held and firmly bound unto the city of New York, Department of Consumer Affairs, as obligee, or to any aggrieved person who may be injured by the Principal as hereinafter provided in the penal sum of Five Hundred DOLLARS and 00/100 (\$500.00) DOLLARS lawful money of the United States of America; for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

Whereas, the Principal has applied to the Department of Consumer Affairs of the city of New York for a license to engage in and carry on the business and occupation of Laundromat

Now, Therefore, the condition of the above obligation is such, that if the above bounden Principal shall well and truly comply with the terms, covenants and conditions of said license and any renewals thereof and shall well and truly carry on said business and in pursuance thereof shall in all things obey and conform to the laws of the state of New York, or local laws of the city of New York, resolutions of the City Council of the said city of New York and the regulations of the Department of Consumer Affairs now in force or which may hereafter be adopted relating to said business in the said city, and shall indemnify and save harmless the Obligee or any aggrieved person from all loss and damage that they shall suffer by reason of said Principal's failure to comply with said laws, resolutions and regulations, and shall pay all restitution, fines, and civil penalties which may be legally required, then this obligation shall be null and void, otherwise to remain in full force and effect.

It is agreed that this bond becomes effective on the date hereof and will continue in force until terminated as hereinafter provided. It is further agreed that the indemnity provided hereunder shall be the penal sum of this bond for every license year or part thereof during which it shall continue in force, provided, however, that the aggregate liability of Surety as to any one license year or part thereof shall not exceed the said penal sum.

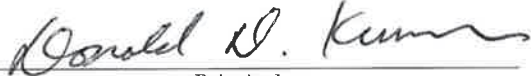
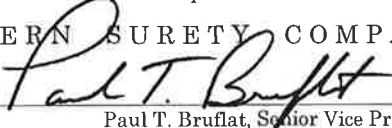
This bond may be terminated by written notice given by the Surety or Principal to each other and to the Department of Consumer Affairs for the city of New York by registered mail at least sixty (60) days prior to the termination date specified in such notice and upon giving such notice, the Surety shall be discharged from all liability under this body for any act or omission of the Principal occurring after such termination date.

Any person aggrieved by the Principal's breach of the condition of this bond may proceed against the Principal or Surety herein, or both, to recover damages. Successive actions may be brought against this bond for successive breaches of its conditions; provided, however, that the liability of the Surety for one or more breaches of the conditions of this bond shall not exceed in the aggregate the penal sum hereof for any license year in which this bond terminates.

Signed, sealed and dated this November 14th, 2008



NEW YORK CITY THIRD PARTY BOND FORM 9/94


Principal
WESTERN SURETY COMPANY
By 
Paul T. Brufat, Senior Vice President

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA

On this 14th day of November, 2008, before me came Paul T. Bruflat to me known to be the individual described in and who executed the foregoing instrument and to be the Senior Vice President of WESTERN SURETY COMPANY, which is to me known to be the corporation described in the foregoing instrument, and which, by its said Senior Vice President executed the same, and said Senior Vice President duly acknowledged to me that he executed the said instrument as the act and deed of said WESTERN SURETY COMPANY therein described and for the uses and purposes therein mentioned, by virtue of a certain Power of Attorney executed by said WESTERN SURETY COMPANY dated _____, which said power has never been revoked and is still in full force and effect; and that the said corporation has received from the Superintendent of Insurance of the state of New York a certificate of solvency and of its sufficiency as surety or guarantor under Section 327, Chapter 882 of the Laws of the state of New York for the year 1939, and that such certificate has not been revoked.

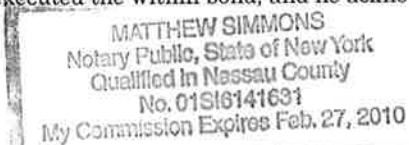


S. Petrik
Notary Public

My Commission Expires August 11, 2010

STATE OF
COUNTY OF

On this 14 day of November, 2008, before me personally came Danald Peng Woo Kwon to me known to me to be the individual described in and who executed the within bond, and he acknowledged to me that he executed the same.



Matthew Simmons
Notary Public

STATE OF
COUNTY OF

On this _____ day of _____, _____, before me personally came _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and he thereupon duly acknowledged to me that he executed the same as and for the act and deed of said firm.

Notary Public

STATE OF
COUNTY OF

On this _____ day of _____, _____, before me personally came _____ to me known, who being by me duly sworn, did depose and say: that he resides in _____ that he is the _____ President of _____, the _____ corporation described in and which executed the above instrument, that he knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One NY Third Party Bond (New York City) - Laundromat
bond with bond number 15223128
for ST. JOHNS LAUNDROMAT INC
as Principal in the penalty amount not to exceed: \$ 500.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Senior Vice President with the corporate seal affixed this 14th day of November,
2008.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

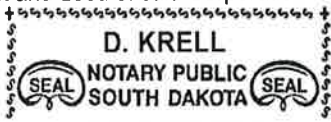
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 14th day of November, 2008, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

D. Krell

Notary Public



WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Condition and Affairs
December 31, 2007

ASSETS

Bonds	\$921,938,370
Stocks	20,250,435
Cash and short-term investments	41,487,866
Uncollected premiums and agents' balances	37,141,595
Amounts recoverable from reinsurers	638,013
Funds held by or deposited with reinsured companies	31,119,059
Federal income tax recoverable	1,153,773
Net deferred tax asset	16,092,420
Electronic data processing equipment and software	910,607
Investment income due and accrued	11,862,323
Other assets	1,179,869
Total Assets	<u>\$1,083,774,330</u>

LIABILITIES AND SURPLUS

Losses	\$244,324,775
Reinsurance payable on paid loss and loss adjustment expenses	0
Loss adjustment expense	63,019,064
Contingent and other commissions payable	5,024,665
Other expense	19,014,635
Taxes, licenses and fees	3,097,450
Unearned premiums	251,677,091
Retroactive reinsurance reserve assumed	10,283,292
Other liabilities	<u>45,108,485</u>
Total Liabilities	641,549,457

Surplus Account:

Capital paid up	\$4,000,000
Gross paid in and contributed surplus	176,435,232
Unassigned funds	<u>261,789,641</u>
Surplus as regards policyholders	\$442,224,873
Total Liabilities and Capital	<u>\$1,083,774,330</u>

I, Philip E. Lundy, Vice President and Treasurer of Western Surety Company hereby certify that the above is an exact copy of the financial statement of the Company dated December 31, 2007, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.



Western Surety Company

By Philip E. Lundy
Vice President, Treasurer

Subscribed and sworn to me this 28th day of February, 2008.

My commission expires:

KATHRYN J. SCHROEDER
My Commission Expires 7-21-2009

Kathryn J. Schroeder
Notary Public



NOTE: COMPLETE THE FORM BELOW ONLY IF SOMEONE OTHER THAN THE OWNER, A PARTNER OR CORPORATE OFFICE WILL BE FILING YOUR LICENSE APPLICATION

AFFIDAVIT GRANTING AUTHORITY TO ACT

State of New York)

County of NASSAU)

SS.: 

DONALD D. KUMM

(Print Name)

being duly sworn, deposes and says:

1. I am the PRESIDENT

(State relationship to business.)

of ST JOHNS LAUNDROMAT, INC.

(State complete name of business as it appears on a Certificate of Incorporation, Partnership Certificate or Business Certificate and attach a photocopy of this document. If you are a sole proprietor doing business under your own name, no attachment is required.)

which is located at: 1400 ST JOHNS PL., BROOKLYN, NY 11213

Street Address, City, State and Zip Code

and with the following telephone number: (516) 660-6818

2. I hereby authorize J. W. JEON

(State full name of designated representative)

of ST JOHNS LAUNDROMAT, INC.

(State complete name of business, if any, as it appears on a Certificate of Incorporation, Partnership Certificate or Business Certificate and attach a photocopy of this document. If the representative is a sole proprietor doing business under his or her own name, no attachment is required.)

which maintain(s) an office/resides at:

32 CLUBSIDE DR., WOODMERE, NY 11598

Street Address, City, State and Zip Code

with telephone number of (516) 320-0868 to represent me before the Citywide Licensing Center (hereinafter, "the Department") in regard to the preparation and submission of my application for a

LAUNDRY

license.


3. I understand that I will be legally bound by the representation made in said application and will be held responsible by the Department for any inaccuracies or misrepresentations.

4. I understand that I can revoke this Authority to Act by appearing in person at the Department prior to the date of submission of my license application or by notifying the Department's Deputy Director of Operations and Licensing in writing of my withdrawal of authorization at 42 Broadway, 5th floor; New York, New York 10004.

Sworn to me this 14th Day of NOVEMBER, 20 08


Notary Public

MATTHEW SIMMONS
Notary Public, State of New York
Qualified in Nassau County
No. 01SI0141631
My Commission Expires Feb. 27, 2010


Signature
Donald D. Kumm
Print Name