



Department of Permits, Approvals and Inspections

Zoning Review Verification & Use Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County on the 3 day of March, 2025.
Day Month Year

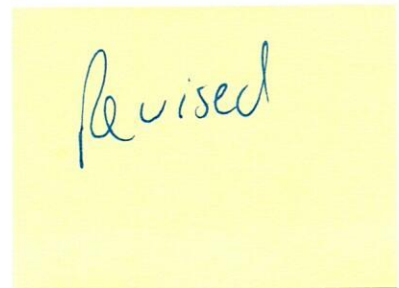
Brian Santiago is hereby authorized to use and operate a
Applicants Name
Convenience Store at the location of 707 North Point Rd. The
Proposed Use of Business Address
applicant affirms to use and operate under the business name of COQUI, LLC.
Business Name

This use is permitted under Section 230 (BL) of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
Brian Santiago.
Property Owner

UP-20 25 - 0012 -MD
Use Permit Number

John J. Krach III 03/03/25
Zoning Reviewer's Signature Date

John J. Krach III
Zoning Reviewer's Name



Updated 02/2025



Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application

Can be used for Maryland State Licensing

Please submit this application to the Zoning Review Office. The form and payment receipt may be hand delivered, mailed to 111 W. Chesapeake Ave., Room 124, Towson, MD 21204, or emailed to paizoning@baltimorecountymd.gov.

BRIAN SANTIAGO santiagob281@gmail.com
Name of Property Owner Email

COQUI, LLC
Name of Proposed Business

707 NORTHPOINT RD, 21224 15-16-150680
Address of Proposed Business Property Tax Account Number

BRIAN SANTIAGO
Name of Business Owner/Applicant

443-707-5070 santiagob281@gmail.com
Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: convenient store

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
convenient store.

Please Affirm, I hereby certify that the matters and facts set forth in the foregoing Application are true to the best of my information, knowledge and belief and that the signatories to this application shall jointly and severally be responsible for complying with all applicable State and County laws and regulations. Any violation of this Use Permit may result in a Civil Penalty. The submitted application may require specific reporting/information which may not be adequate as determined through the review process. Additional information may be required.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Please note, if this is a new use of the property or tenant space, a Change of Occupancy permit may be required. For all food services, you must contact the Health Department for a Food Service Permit. Other additional documentation may be required at the time of processing.



Department of Permits, Approvals and Inspections

Zoning Review Verification & Use Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County on the 27 day of Feb, 2025.
Day Month Year

Mohammed Altashy is hereby authorized to use and operate a
Applicants Name
Convince Store at the location of 707 North Point Rd.
Proposed Use of Business Address

The applicant affirms to use and operate under the business name of:

COOKIE COQUI
Business Name
COQUI, LLC

This use is permitted under Section 230 (BL) of the Baltimore County
Section Number of BCZR

Zoning Regulations. The property owner at this address is Brian Santiago.
Property Owner

UP-2025-0012 -MD
Use Permit Number

[Signature]
Zoning Reviewer's Signature

2/27/2025
Date

TYLER COX
Zoning Reviewer's Name

Note: Any new construction or alterations require a building permit. If this is a new use of the property or tenant space, a Change of Occupancy permit may be required. For all food services, you must contact the Environmental Health Services Department for a Food Service Permit, ehs@baltimorecountymd.gov. Additional documentation such as a copy of the State of Maryland Application or State License may be required at the time of processing.

Updated 02/19/2025



Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application For Maryland State Licensing

Brian Santiago _____
Name of Property Owner _____ Email _____

COQUET COQUI _____
Name of Proposed Business _____

707 Northpoint Rd, 21224 _____
Address of Proposed Business _____

Mohammed Altashy _____
Name of Business Owner/Applicant _____

410.900.8795 _____
Phone Number & Email for Business Owner/Applicant _____

Describe Proposed Use: Convenient Store _____

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
Convenient Store. _____

Please Affirm. I hereby certify that the matters and facts set forth in the foregoing Application are true to the best of my information, knowledge and belief and that the signatories to this application shall jointly and severally be responsible for complying with all applicable State and County laws and regulations. Any violation of this Use Permit may result in a Civil Penalty. The submitted application may require specific reporting/information which may not be adequate as determined through the review process. Additional information may be required.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Please note, if this is a new use of the property or tenant space, a Change of Occupancy permit may be required. Other additional documentation may be required at the time of processing.



Permits, Approvals and Inspections

111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353

WWW.BALTIMORECOUNTYMD.GO
V

Cashier: John Krach III
03-Mar-2025 3:27:17P

Transaction **102770**

1 Custom Item	\$10.00
---------------	---------

Total	\$10.00
--------------	----------------

DEBIT CARD SALE VISA 6848	\$10.00
------------------------------	---------

Retain this copy for statement
validation

Station: Permit Processing - Mini

03-Mar-2025 3:27:23P

\$10.00 | Method: CONTACTLESS

US DEBIT XXXXXXXXXXXXX6848

VISA CARDHOLDER

Reference ID: 506200577500

Auth ID: 032715

MID: *****2995

AID: A0000000980840

AthNtwkNm: VISA

RtInd: CREDIT

***** REPRINT *****

Clover ID: VJ3TB6RBJFKF0

Payment RF2PW9CXVQS22

Clover Privacy Policy
<https://clover.com/privacy>



Department of Permits, Approvals and Inspections

Zoning Review Verification & Use Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County on the 27 day of Feb, 2025.
Day Month Year

Mohammed Altashy is hereby authorized to use and operate a
Applicants Name
Convince Store at the location of 707 North Point Rd.
Proposed Use of Business Address

The applicant affirms to use and operate under the business name of:
BOOKIE COAVI
Business Name

This use is permitted under Section 230 (BL) of the Baltimore County
Section Number of BCZR
Zoning Regulations. The property owner at this address is Brian Santiago.
Property Owner

UP-2025-0012 -MD
Use Permit Number

[Signature]
Zoning Reviewer's Signature

2/27/2025
Date

TYLER COX
Zoning Reviewer's Name

Note: Any new construction or alterations require a building permit. If this is a new use of the property or tenant space, a Change of Occupancy permit may be required. For all food services, you must contact the Environmental Health Services Department for a Food Service Permit, ehs@baltimorecountymd.gov. Additional documentation such as a copy of the State of Maryland Application or State License may be required at the time of processing.

Updated 02/19/2025



Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application For Maryland State Licensing

Brian Santiago _____
Name of Property Owner _____ Email _____

~~COOKTE~~ COQUI _____
Name of Proposed Business _____

707 Northpoint Rd, 21224 _____
Address of Proposed Business _____

Mohammed Altashy _____
Name of Business Owner/Applicant _____

410.900.8795 _____
Phone Number & Email for Business Owner/Applicant _____

Describe Proposed Use: Convenient Store _____

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
Convenient Store. _____

Please Affirm. I hereby certify that the matters and facts set forth in the foregoing Application are true to the best of my information, knowledge and belief and that the signatories to this application shall jointly and severally be responsible for complying with all applicable State and County laws and regulations. Any violation of this Use Permit may result in a Civil Penalty. The submitted application may require specific reporting/information which may not be adequate as determined through the review process. Additional information may be required.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Please note, if this is a new use of the property or tenant space, a Change of Occupancy permit may be required. Other additional documentation may be required at the time of processing.