



# APPLICATION SPECIAL USE PERMIT

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

**Change of Ownership**       **Minor Amendment**

[must use black ink or type]

**PROPERTY LOCATION:** 1024 and 1026 King Street

**TAX MAP REFERENCE:** 074.01-05-18 **ZONE:** KR

**APPLICANT**

Name: King Street Italian, LLC

Address: 220 N Abingdon Street, Arlington VA, 22203

**PROPERTY OWNER**

Name: Does Your Dog Bite, LLC

Address: 1321 Duke St, Alexandria, VA, 22314

**SITE USE:** Restaurant

**Business Name:** **Current:** Hank's Oyster Bar      **Proposed (if changing):** Thompson Italian

**THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

**THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

**THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

**THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

M. Catharine Puskar  
Print Name of Applicant or Agent  
2200 Clarendon Blvd, Suite 1300  
Mailing/Street Address  
Arlington, VA      22201  
City and State      Zip Code

Signature  
703-528-4700      703-525-3197  
Telephone #      Fax #  
cpuskar@thelandlawyers.com  
Email address  
June 8, 2022  
Date

**DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY**

Application Received: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_  
Legal advertisement: \_\_\_\_\_  
ACTION - PLANNING COMMISSION \_\_\_\_\_ ACTION - CITY COUNCIL: \_\_\_\_\_

Does Your Dog Bite, LLC  
1321 Duke Street  
Alexandria, VA, 22314

Karl Moritz  
301 King Street  
City Hall, Room 2100  
Alexandria, Virginia 22314


Re: Authorization to File Application for an Administrative Special Use Permit for a  
Change of Ownership and Minor Amendment  
1024 & 1026 King Street, Tax Map ID 074.01-05-18 (the "Property")

Dear Mr. Moritz:

As owner of the above-referenced property, Does Your Dog Bite, LLC hereby consents to the filing of an application on the property by King Street Italian, LLC, for an Administrative Special Use Permit for a Change of Ownership on the Property and any related requests.

Very truly yours,

Does Your Dog Bite, LLC

By: 

Its: Member

Date: 6/2/22

King Street Italian, LLC  
220 N Abingdon Street  
Arlington VA, 222035066

Karl Moritz  
301 King Street  
City Hall, Room 2100  
Alexandria, Virginia 22314

Re: Authorization to File Application for an Administrative Special Use Permit for a  
Change of Ownership and Minor Amendment  
1024 & 1026 King Street, Tax Map ID 074.01-05-18 (the "Property")

Dear Mr. Moritz:

King Street Italian, LLC hereby authorizes Walsh, Colucci, Lubeley & Walsh, P.C. to act as agent on its behalf for the filing and representation of an application for an Administrative Special Use Permit for a Change of Ownership on the Property and any related requests.

Very truly yours,

King Street Italian, LLC

By:  Cass Thompson

Its: Dwner

Date: 6/2/2022

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # SUP#2012-0027

Date approved: 06 / 16 / 2012  
month day year

Name of applicant on most recent special use permit Hank's Oyster Bar Old Town, LLC

Use Restaurant

2. Describe below the nature of the existing operation in detail so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

The operation of the restaurant will remain consistent with the special use permit approval dated June 16, 2012, with the exception of the requested elimination of condition #12.

The Applicant requests an amendment to the conditions to eliminate Condition #12 since the October 17, 2020 Zoning Ordinance amendment to Section 11-514 revised the special use permit standards for restaurants to state that "on and off premises alcohol sales, consistent with a valid ABC license are permitted." Accordingly, the Applicant intends to sell alcohol on and off premises consistent with a valid ABC license. As such, Condition #12 is no longer accurate or necessary and the Applicant requests that it be deleted.



4. Is the use currently open for business?  Yes  No

If the use is closed, provide the date closed. 03 / 31 / 2022  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

The Applicant requests Condition #12 be deleted, as stated above.  
\_\_\_\_\_  
\_\_\_\_\_

6. Are the hours of operation proposed to change?  Yes  No

If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
_____	_____
_____	_____
_____	_____
_____	_____

7. Will the number of employees remain the same?  Yes  No

If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:
<u>25 max. on-site during peak hours</u>	<u>20 max. on-site during peak hours (40-45 total)</u>

8. Will there be any renovations or new equipment for the business?  Yes  No

If yes, describe the type of renovations and/or list any new equipment proposed.

Minor interior renovations are proposed to the lower level kitchen, main level service area, and other finishes as shown in the enclosed plans. Minor exterior changes are proposed to the doors, light fixtures, and signage. These changes have been reviewed by historic preservation staff.  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages?  Yes  No

If yes, describe proposed changes:

The Applicant will sell alcohol for on- and off-premises consumption in compliance with a valid ABC license. As such, the Applicant requests the deletion of Condition #12, as stated above.  
\_\_\_\_\_  
\_\_\_\_\_

10. Is off-street parking provided for your employees?  Yes  No  
If yes, how many spaces, and where are they located?  
\_\_\_\_\_  
\_\_\_\_\_

11. Is off-street parking provided for your customers? \_\_\_\_\_ Yes  No  
If yes, how many spaces, and where are they located?  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there a proposed increase in the number of seats or patrons served?  Yes  No  
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)  
  
Current: Proposed:  
\_\_\_\_\_  
\_\_\_\_\_

13. Are physical changes to the structure or interior space requested?  Yes  No  
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business?  Yes  No  
If yes, describe the existing amount of building area and the proposed amount of building area.  
  
Current: Proposed:  
\_\_\_\_\_  
\_\_\_\_\_

15. The applicant is the (check one)  Property owner  Lessee  
 other, please describe: \_\_\_\_\_

16. The applicant is the (check one)  Current business owner  Prospective business owner  
 other, please describe: \_\_\_\_\_

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

**Please provide ownership information here:**

King Street Italian, LLC is wholly owned by Gabe Thompson and Katherine Thompson (220 N Abingdon Street, Arlington VA, 22203).

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