



**APPLICATION
SPECIAL USE PERMIT**

SOP 2009-0078

**ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT**

Change of Ownership **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 103 South Union St.

TAX MAP REFERENCE: 75.01 **ZONE:** _____

APPLICANT

Name: KAREN MORSE

Address: c/o Ben & Jerry's Ice Cream

PROPERTY OWNER

Name: GROSIENOR USA

Address: 1701 Penn. Ave NW Suite 1500 Wash DC 20006

SITE USE: Ben & Jerry's - Retail Ice Cream

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.

KAREN MORSE

Print Name of Applicant or Agent

[Signature]

Signature

c/o Ben & Jerry's 1100 Penn Ave

Mailing/Street Address

202-842-5880

Telephone #

202-842-5883

Fax #

Wash DC 20004

City and State

Zip Code

KAREN@DCBENJER.COM

Email address

11-09-09

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY	
Application Received: _____	Fee Paid: \$ _____
Legal advertisement: _____	_____
ACTION - PLANNING COMMISSION _____	ACTION - CITY COUNCIL: _____

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Special Use Permit # 2374

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 # 2374

Date approved: 04 / 03 / 1990
month day year

Name of applicant on most recent special use permit Richard Snow

Use Retail Ice Cream

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.)

Retail scooped ice cream parlor.

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Special Use Permit # 2374

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

If the use is closed, provide the date closed. 11 / 01 / 09
month day year

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

none

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

If yes, list the current hours and proposed hours:

Current Hours:
11Am - 11pm Sun - Thurs
11Am - 1Am Fri - Sat

Proposed Hours:
11Am - 11pm Sun - Thurs,
11Am - 1Am Fri - Sat

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:
>30 total
5 on staff at a time

Proposed Number of Employees:
>30 total
5 on staff at a time

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.

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

If yes, describe proposed changes:

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

11. Is off-street parking provided for your customers? ___ Yes X 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 X 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: >25

Proposed: >25

13. Are physical changes to the structure or interior space requested? ___ Yes X 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 X 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 X Lessee
___ other, please describe: _____

16. The applicant is the (check one) ___ Current business owner X Prospective business owner
___ other, please describe: _____

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Special Use Permit # 2374

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 (10%) 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:

KAREN MORSE - 100% OWNER
800 East Capitol St NE Wash DC 20003