SUP 2010-0031

APPLICATION
SPEAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

[X] **Change of Ownership** [ ] **Minor Amendment**

[*must use black ink or type*]

PROPERTY LOCATION: 1556 Potomac Greens Dr Alexandria, VA 22314

TAX MAP REFERENCE: 044.02-01-07 **ZONE:** CDD#10

APPLICANT

Name: KWANG-WOO CHOI

Address: 6009 EMPIRE LAKES CT, HAYMARKET, VA 20169

PROPERTY OWNER

Name: Tropical Smoothie Cafe

Address: 1556 Potomac Greens Drive Alexandria, VA 22314

SITE USE: food service

[X] **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.

KWANG-WOO CHOI
Print Name of Applicant or Agent

Signature

6009 EMPIRE LAKES CT
Mailing/Street Address

703-853-0146 703-815-1433
Telephone # Fax #

HAYMARKET, VA 20169
City and State Zip Code

TSCVA41@GMAIL.COM
Email address

6/1/10
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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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 # 2005-0065

Date approved:_____ /_____ /_____
month day year

Name of applicant on most recent special use permit MATT McNAMRA

Use food service

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 use will be exactly the same as approved under existing SUP - 2005-0065.

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3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No proposed changes.

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

If the use is closed, provide the date closed. _____ /_____ /_____
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 X No
If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:

7. **Will the number of employees remain the same?** X Yes ____ No
If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:

8. **Will there be any renovations or new equipment for the business?** ____ Yes X 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 X No
If yes, describe proposed changes:

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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? X Yes ____ No
If yes, how many spaces, and where are they located?
18 to the side and behind building plus additional off street parking (free) across the street.

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:	Proposed:

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: _____

Special Use Permit # 2010-003

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: CD41, LLC

AGAPITO L. DIENZO (51%) 1010 BRODERICK DR
OXON HILL, MD 20745

KWANG-WOO CHOI (49%) 6009 EMPIRE LAKES CT
HAYMARKET, VA 20169