

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 # 2010-0004

Date approved: 4 / 10 / 2010
month day year

Name of applicant on most recent special use permit Stephen Scott Sr

Use Bar / 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.)

- 6 employees
- 8 - parking spaces / Salvation Army lot
1804 mt. Vernon Ave
- (Change of ownership only)
- Bar / restaurant / 32 seats inside
- patrons served weekly weekdays (50)
weekends (100)
- Hours Mon-Thur 4:00 - 11:00
FRI-Sat 4:00 - 12:00
Sunday 11:00 am - 11:00 PM

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)

- NONE - NO CHANGES FROM ORIGINAL SUP

- CHANG OF OWNERSHIP ONLY

4. Is the use currently open for business? 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 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: _____

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 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?
8 spaces - Salvation Army parking
lot - 1804 mt Vernon AVE

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 (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:

Sole owner of (Osteria 1909 LLC)
Diana Scott
