



# APPLICATION SPECIAL USE PERMIT

**ADMINISTRATIVE CHANGE OF OWNERSHIP  
OR MINOR AMENDMENT**

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

[must use black ink or type]

**PROPERTY LOCATION:** 1767 King Street, Alexandria, VA

**TAX MAP REFERENCE:** 0103.04.010      **ZONE:** KR/King Street Urban Retail

**APPLICANT**

Name: Ashford TRS Alexandria LLC

Address: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254

**PROPERTY OWNER**

Name: Ashford Alexandria LP

Address: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254

**SITE USE:** Restaurant

**Business Name:**      **Current:** Starbucks      **Proposed (if changing):**

**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.

Thomas A. Lisk, Legal Counsel

Print Name of Applicant or Agent

919 E. Main Street, Suite 1300

Mailing/Street Address

Richmond, VA      23219

City and State      Zip Code

Signature

(804) 788-7750      (804) 698-2950

Telephone #      Fax #

tlisk@eckertseamans.com

Email address

May 25, 2018

Date

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

Application Received: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Legal advertisement: \_\_\_\_\_

ACTION - PLANNING COMMISSION \_\_\_\_\_

ACTION - CITY COUNCIL: \_\_\_\_\_

2016-0073

Special Use Permit # 2016-0073

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 # 2016-0073

Date approved: 10 / 31 / 2016  
month day year

Name of applicant on most recent special use permit W-LCP Alexandria VII, L.L.C.

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.)

coffee shop under the trade name of Starbucks, offering a range of hot and cold beverages  
and light fare. Dine-in and carry out services from 6 am to 6 pm daily and does not offer  
delivery, live entertainment, or the sale of alcohol. The restaurant will maintain the use of  
eight indoor and four outdoor seats for patrons.



2018-00079

Special Use Permit # 2016-0072

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:

no operational changes are proposed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20180039

Special Use Permit # 2016-0073

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: \_\_\_\_\_

2018-00049

2018-0072

Special Use Permit #

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:**

The Applicant is Ashford Alexandria LP, which has a General Partner, Ashford Alexandria GP LLC (0.5%), and a Limited Partner, Ashford Hospitality Limited Partnership (99.50%). Ashford Hospitality Limited Partnership also is the sole owner of Ashford Alexandria GP LLC. Ashford Hospitality Limited Partnership has a General Partner, Ashford OP General Partner LLC (0.0%), and a Limited Partner, Ashford OP Limited Partner LLC (85.0%). The remaining 15% limited partnership interest in Ashford Hospitality Limited Partnership is held by holders of OP Units convertible to publicly traded common stock. Finally, both Ashford OP General Partner LLC and Ashford OP Limited Partner LLC are wholly-owned by Ashford Hospitality Trust, Inc., a publicly traded corporation. The business address for all of the aforementioned business entities is: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254.

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