APPLICATION
SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership ~~☒ Minor Amendment~~

10/26/2016.

[*must use black ink or type*]

PROPERTY LOCATION: 222 N. LEE STREET, ALEXANDRIA, VA

TAX MAP REFERENCE: _____ ZONE: _____

APPLICANT

Name: TSERENDOLGOR, BATJARGAL

Address: 2300 24th Rd S, #740, Arlington VA 22206.

PROPERTY OWNER

Name: GULF LLC.

Address: 4601 COLUMBIA PIKE, Arlington VA 22204.

SITE USE: _____

Business Name: **Current:** JACK'S PLACE **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.

TSERENDOLGOR, BATJARGAL
Print Name of Applicant or Agent

Signature

2300 24th Rd S, #740
Mailing/Street Address

703 459 8324
Telephone # Fax #

Arlington VA 22206
City and State Zip Code

richie091980@YAHOO.COM
Email address

09/29/2016.
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: $ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

REVISED

Special Use Permit #_____

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 # 960071

REVISED

Date approved: 05 / 08 / 1996.
month day year

Name of applicant on most recent special use permit JACK R. DAVIS.

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.)

DELI / RESTAURANT
OFF STREET PARKING / PAID PARKING GARAGES NEARBY.
NO EMPLOYEE DESIGNATED PARKING SPACE.
THE RESTAURANT HAS DINE-IN SEATS FOR CUSTOMERS.
NO OUTSIDE PATIO / SEATING FOR CUSTOMERS.
CURRENTLY IS OPERATED BY THE OWNER ONLY.
THE PLACE WILL BE SERVING SANDWICHES, SALADS, BEVERAGES (SODA ETC...), FRENCH FRIES & CHICKEN WINGS IN THE FUTURE.
~~REQUESTING ON PREMISES ALCOHOL SALES.~~ 10/26/2016
NO LIVE ENTERTAINMENT.

Special Use Permit #_____

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)

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~~N/A~~

~~REQUEST FOR ON PREMISE ALCOHOL SALES~~

10/26/2016

No changes to the current operating conditions.

Special Use Permit #_____

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

If the use is closed, provide the date closed. _____ / _____ / _____
month day year

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

~~N/A~~ REQUEST FOR ON PREMISES ALCOHOL SALES. 10/26/2016.

6. Are the hours of operation proposed to change? [ ] Yes [X] No
If yes, list the current hours and proposed hours:

Current Hours:
8:00 AM – 3:00 pm

Proposed Hours:
7:00 AM – 10:00 pm.
per current SUP
#96-0071. 10/26/2016.

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

Current Number of Employees:
1/OWNER OPERATOR.

Proposed Number of Employees:
OWNER OPERATOR + 1 EMPLOYEE.

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:

REQUESTING ON PREMISES ALCOHOL SALES.
10/26/2016.

Special Use Permit #_____

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:
15	15

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:

TSERENDOLGOR BATJARGAL (100% OWNERSHIP)
2300 24th Rd S. #740
Arlington VA 22206.