



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE DEPARTMENT OF PUBLIC WORKS
PERMITTING AND INSPECTION DIVISION

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 408 S Van Dorn ST
TAX MAP REFERENCE: 057.04-04-02 ZONE: CG

APPLICANT

Name: CP NEW CORP.
Address: _____

PROPERTY OWNER

Name: Van Dorn LLC
Address: 3334 KENILWORTH AVE SUITE B
HYATTSVILLE MD. 20781-1011

SITE USE: FULL SERVICE RESTAURANT - EAT IN CARRY OUT

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.

Willy Ramirez
Print Name of Applicant or Agent
30108 Merchant Court
Mailing/Street Address
Great Falls VA 22066
City and State Zip Code

[Signature]
Signature
703-509-5983
Telephone # Fax #
iramirezquiroga@t@gmail.com
Email address
04/20/2015
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____	Fee Paid: \$ _____
Legal Advertisement: _____	_____
ACTION - PLANNING COMMISSION _____	ACTION - CITY COUNCIL _____

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 # SUP # 2005 - 0094

Date approved: 09 / 12 / 2005
month day year

restaurant closed in 7/13

Name of applicant on most recent special use permit ANUSORN AGUSTIN

Use FULL SERVICE RESTAURANT EAT IN / CARRY OUT NS

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.)

THAI FOOD SERVICE RESTAURANT WITH LIQUOR LICENSE
SEATS 74 PATRONS

8 EMPLOYEES ON SITE

21 PARKING SPACES

HOURS OF OPERATIONS

Monday - Saturday 10:00 AM - 11 PM

Sunday 10:00 AM - 10 PM

FOOD SERVICE: THAI & ORIENTAL FOOD

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 ALCOHOLIC BEVERAGES WILL BE SERVED
SEATING FOR 74 PATRONS IS PROVIDED

8 EMPLOYEES PER SHIFT

21 PARKING SPACES ARE PROVIDED

HOURS OF OPERATIONS:

WEEK DAYS AND SATURDAYS 10:AM - 11:00 PM

SUNDAY 10:AM - 10:00 PM

FOOD SERVICES: FOOD TYPICAL OF CENTRAL &
SOUTH AMERICA WITH EMPHASIS ON
PERUVIAN CHICKEN

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 Except no alcohol will be
served in the new establishment

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

If yes, list the current hours and proposed hours:

Current Hours:

Monday - Sat 10am - 11pm
Sunday 10am - 10pm

Proposed Hours:

Monday - Sat 10am - 11pm
Sunday 10am - 11pm

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:

8

Proposed Number of Employees: (per shift)

8

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.

Install Chicken Oven & vent per code
Install tile floors in restaurant seating area
Paint & Refresh interior & exterior

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

If yes, describe proposed changes:

We will not sell nor serve alcoholic
beverages as had the previous tenant.

10. Is off-street parking provided for your employees? Yes No
If yes, how many spaces, and where are they located?
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11. Is off-street parking provided for your customers? Yes No
If yes, how many spaces, and where are they located?
In front and to side of restaurant
21 spaces

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: 74 Proposed: 74

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: NEW TENANT

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: *of Business*

*33.3% Willy Ramirez 30108 Merchand court
great Falls VA 22066*

*33.3% Ramiro Urquieta 9106 Bowline Road
Baltimore MD. 21236*

*33.3% Jorge Ramirez 9106 Bowline Road
Baltimore, MD 21236*