



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1024 and 1026 King Street

TAX MAP REFERENCE: 074.01-05-18 **ZONE:** KR

APPLICANT

Name: King Street Italian, LLC

Address: 220 N Abingdon Street, Arlington VA, 22203

PROPERTY OWNER

Name: Does Your Dog Bite, LLC

Address: 1321 Duke St, Alexandria, VA, 22314

SITE USE: Restaurant and outdoor dining on private property

Business Name: **Current:** Thompson Italian **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.

Lauren G. Riley
Print Name of Applicant or Agent
2200 Clarendon Blvd, Suite 1300
Mailing/Street Address
Arlington, VA 22201
City and State Zip Code

Lauren G. Riley
Signature
703-528-4700 703-525-3197
Telephone # Fax #
lriley@thelandlawers.com
Email address
January 27, 2023
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 # 2022-00040

Date approved: July / 08 / 2022
month day year

Name of applicant on most recent special use permit King Street Italian, LLC

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.)

Outdoor seating located in patio at the rear of the site with approximately 15 seats and comprising of approximately 252 square feet. Please see enclosed plan sheet.

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?

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 (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:

King Street Italian, LLC is wholly owned by Gabe Thompson and Katherine Thompson (220 N Abingdon Street, Arlington VA, 22203).



Department of Planning & Zoning
Administrative Special Use Permit New Use
Outdoor Dining Supplemental

WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.

Describe the outdoor dining arrangement. What type of food service establishment is this associated with?

HOURS

What are the proposed hours for the outdoor dining?

LOCATION ON PRIVATE PROPERTY

Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.

Will the outdoor dining be located only on private property? What is the square footage of the outdoor dining area?

Yes, outdoor dining will be located wholly on private property and will consist of 252 square feet.
Submit a drawing indicating the layout for tables, seats, planters, wait stations and barriers.

NUMBER OF SEATS

Only 20 seats may be located at outdoor tables in front of the restaurant.

How many seats will be included in the outdoor seating?

ALCOHOL SERVICE

Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.

Is on-premise alcohol service proposed?

OUTDOOR DINING PLAN

Please submit a detailed plan with your application

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

