

City of San Marcos

CONDITIONAL USE PERMIT APPLICATION
To Allow On-Premise Consumption of Alcoholic Beverages
Outside the Central Business Area

LICENSE INFORMATION

Trade Name of Business: Gumby's PIZZA & WINGS

Application is filed by:

Individual Partnership Corporation Other: LLC

Name of Individual or Entity: Gumby's of SAN MARCOS Phone Number: 512 255 6814

Mailing Address: 16238 Hwy 620 STE F375 AUSTIN TX 78717

Email Address: john @ nigdon . us

Type of Permit Requested: Mixed Beverage Beer & Wine Other: FBD & LB

PROPERTY

Street Address: 312 W. HOPKINS Current Zoning: T5

Legal Description: Lot 2 Block 17 Subdivision ORIGINAL TOWN

Tax ID Number: R 41597

Property Owner's Name: 312 VENTURES LLC Phone Number: 512 255 6814

Address: 16238 Hwy 620 STE F375 AUSTIN TX 78717

BUSINESS DETAILS

Primary Business Use: Restaurant Bar Other:

Hours of Operation: 9 - 330 AM

Type of Entertainment Facilities: NONE

Indoor Fixed Seats Capacity: 201 50 70 Outdoor Fixed Seats: 201 80 70

Gross Floor Area Including Outdoor Above-ground Decks: 3822 Square Feet

Number of Off-Street Parking Spaces Provided: 14

Located more than 300 feet from church, public school, hospital, low density residential? Y N

APPLICATION FOR CITY OF SAN MARCOS CONDITIONAL USE PERMIT-TABC

CUP PERMIT HISTORY *Check all that apply*

- New request**, no existing TABC CUP Permit at this location
- Change to existing TABC Permit.** Nature of Change: _____
- Renewal**
- Change in name of license holder** of existing business at same location
- Change in name of existing business** at this location

SUBMITTAL REQUIREMENTS

- **Beer and Wine Permit:** \$609 Application fee + \$11.00 Technology Fee (non-refundable)
- **Mixed Beverage Permit:** \$609 Application fee + \$11.00 Technology Fee (non-refundable)
- ✓ • **Change to Existing Permit/Renewal:** \$305.00 fee + \$11.00 Technology Fee (non-refundable)
- ✓ • **Site Plan drawn to scale**, preferably on paper no larger than 11" x 17", showing dimensions of property, locations and square footage of building(s), interior layout showing dimensions of tables, bar area, etc., number of off-street paved parking spaces, and fences buffering residential uses.
- ✓ • **Copy of State TABC License Application**

I certify that this information is complete and accurate. I understand that I or a representative should be present at all meetings regarding this application.

- I am the property owner of record; or*
- I have attached authorization to represent the owner, organization, or business in this application.*

Applicant's Signature

Printed Name: JOHN HIGDON Date: _____

To be completed by Staff:

Meeting Date: _____ Application Deadline: _____
Accepted By: _____ Date: _____

09/15



Restricted or Unrestricted Conditional Use Permit Application Checklist For Businesses within the Central Business Area

Provided by applicant as of date of submittal		By staff as of date of completeness review	
Completed	Required Item	Staff Verification	Staff Comments
<input checked="" type="checkbox"/>	A pre-application conference with staff is recommended	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	A completed application for Conditional Use Permit and required fees. * (see note below)	<input type="checkbox"/>	
<input type="checkbox"/>	A site plan <i>drawn to scale</i> illustrating the locations of all structures on the subject property and on adjoining properties. * (see note below)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Interior layout showing all proposed seating; kitchen and bar areas; and restroom facilities	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	All information and illustrations necessary to show the nature and effect of the proposed variations to the standards of the zoning district.	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Authorization to represent the property owner, if applicant is not the owner	<input type="checkbox"/>	
Any of the following pieces of information as requested by the Director of Development Services :			
*(see note below)			
<input type="checkbox"/>	Landscaping and/or fencing of yards and setback areas and proposed changes	<input type="checkbox"/>	
<input type="checkbox"/>	Design of ingress and egress	<input type="checkbox"/>	
<input type="checkbox"/>	Off-street parking and loading facilities	<input type="checkbox"/>	
<input type="checkbox"/>	Height of all structures	<input type="checkbox"/>	
<input type="checkbox"/>	Proposed uses	<input type="checkbox"/>	
<input type="checkbox"/>	The location and types of all signs	<input type="checkbox"/>	
<input type="checkbox"/>	Hours of operation	<input type="checkbox"/>	
<input type="checkbox"/>	Impervious cover or drainage issues or impacts	<input type="checkbox"/>	

* For renewals, staff may accept a written statement that no changes have been made to these items if copies are available on file.

I hereby certify and attest that the application is complete and all information above is complete and hereby submitted for review.

Signed: _____ Date: _____

Print Name: _____

Engineer Surveyor Architect/Planner Owner Agent _____