

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: Rumors

Application is filed by:
 Individual Partnership Corporation Other: _____

Name of Individual or Entity: Rumors Bar Phone Number: 210 621 8231

Mailing Address: 1617 Aquacena Springs Dr San Marcos, Texas 78666
SAN MARCOS, LLC

Email Address: RumorsBar78666@gmail.com

Type of Permit Requested: Mixed Beverage Beer & Wine Other: + Late Hours

PROPERTY
 Street Address: 1617 Aquacena Springs Current Zoning: GC

Legal Description: Lot 4 and 5 Block B Subdivision Westfield

Tax ID Number: R 47399^{5A}

Property Owner's Name: Dale Grayson Phone Number: (713) 305-0550

Address: _____

BUSINESS DETAILS
 Primary Business Use: Restaurant Bar Other: _____

Hours of Operation: 12 pm - 2 am

Type of Entertainment Facilities: None

Indoor Fixed Seats Capacity: 220 Outdoor Fixed Seats: 76

Gross Floor Area Including Outdoor Above-ground Decks: 5,268 Square Feet

Number of Off-Street Parking Spaces Provided: 72

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: Taylor Henry **Date:** 1/13/17

To be completed by Staff:

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

09/15

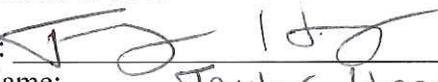


Conditional Use Permit Application Checklist To Allow On-Premise Consumption of Alcoholic Beverages Outside the Central Business Area

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 checked="" type="checkbox"/>	A site plan <i>drawn to scale</i> showing dimensions of property, locations and square footage of building(s), number of off-street paved parking spaces, and fences buffering residential uses. * (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 of the proposed use and its effect on surrounding properties	<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 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"/>	Copy of State TABC License application	<input type="checkbox"/>	
<input type="checkbox"/>	Impervious cover or drainage issues or impacts	<input type="checkbox"/>	
<input type="checkbox"/>	Menu		

* 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: 1/13/17
 Print Name: Taylor Henry
 Engineer Surveyor Architect/Planner Owner Agent _____