

CONDITIONAL USE PERMIT (ALCOHOL OUTSIDE CBA) APPLICATION

Updated: March, 2017

Case # CUP- _____



CONTACT INFORMATION

Applicant's Name	<u>Richard Weik</u>	Property Owner	<u>Acton Hotel Group</u>
Applicant's Mailing Address	<u>P.O. Box 1064</u> <u>SAN MARCOS, TX 78667</u>	Owner's Mailing Address	<u>P.O. Box 1064</u> <u>SAN MARCOS, TX 78667</u>
Applicant's Phone #	<u>512 748-2609</u>	Owner's Phone #	<u>512 805-3759</u>
Applicant's Email	<u>richard.weik@hilton.com</u>	Owner's Email	<u>Shilpa.Amin@mc.com</u>

PROPERTY INFORMATION

Subject Property Address: 2131 N IH 35 North, San Marcos, TX 78666

Zoning District: GC Tax ID #: R

Legal Description: Lot _____ Block _____ Subdivision _____

Number of Parking Spaces: _____

Is property more than 300' from church, school, hospital, or residential district? ☐ Y ☐ N

DESCRIPTION OF REQUEST

Business Name: Hilton Garden Inn ☐ Restaurant ☐ Bar ☒ Other: Hotel

☐ NEW ☒ RENEWAL ☒ Mixed Beverage ☐ Beer & Wine ☐ Late Hours

Hours of Operation: Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
(ex. Mon 12pm-1am)

Indoor Seating Capacity: 55 Outdoor Seating Capacity: 35 Gross Floor Area: 28,696

AUTHORIZATION

All required application documents are attached. I understand the fees for and the process to obtain a Conditional Use Permit and understand my responsibility to be present at meetings regarding this application.

Initial Filing Fee \$750 Technology Fee \$11 TOTAL COST \$761

Renewal/Amendment Filing Fee \$400 Technology Fee \$11 TOTAL COST \$411

Applicant's Signature: Richard Weik Date: 3-7-18

Printed Name: Richard Weik

To be completed by Staff: Accepted By: _____ Date Accepted: _____

Proposed Meeting Date: _____ Application Deadline: _____

AGENT AUTHORIZATION TO REPRESENT PROPERTY OWNER

I, Shilpa Amin (owner) acknowledge that I am the rightful owner of the property located at 2131 LA. 33 NORTH, SAN MARCOS, TX 78666 (address).

I hereby authorize Richard Weik (agent name) to serve as my agent to file this application for _____ (application type), and to work with the Responsible Official / Department on my behalf throughout the process.

Signature of Property Owner: _____

Date: _____

Printed Name: _____

Signature of Agent: _____

Date: _____

Printed Name: _____

To be completed by Staff:

Case # _____