

# CONDITIONAL USE PERMIT (ADMINISTRATIVE) APPLICATION FORM

Updated: September, 2017

Case # CUP- \_\_\_\_\_



## CONTACT INFORMATION

Applicant's Name	Newton Gary Getaway	Property Owner	HOPKINS SQUARE, LLC
Applicant's Mailing Address	19141 Stone Oak Pkwy San Antonio, TX 78258	Owner's Mailing Address	P.O. Box 160896 Austin, TX 78716
Applicant's Phone #	210-387-1406	Owner's Phone #	512-965-1369
Applicant's Email	Mikekeepers@gmail.com	Owner's Email	scott@southlamarproperties.com

## PROPERTY INFORMATION

Business Name: Newton Gary Getaway The Vault  
Subject Property Address: 100 West Hopkins  
Zoning District: \_\_\_\_\_ Tax ID #: R \_\_\_\_\_  
Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

## DESCRIPTION OF REQUEST

☒ Mixed Beverage ☐ Beer & Wine ☐ Other: \_\_\_\_\_

Reason for Request: ☐ Change the name of TABC Permit Holder ☒ Change the name of Business  
☐ Change in Ownership ☐ Remodeling (with NO expansion)

Please provide the name of permit holder, business or owner, whichever is applicable:

Current: Mike Keeper Proposed: Mike Keeper

## 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.

Filing Fee \$400 Technology Fee \$11 TOTAL COST \$411

Submission of this digital Application shall constitute as acknowledgement and authorization to process this request.

To be completed by Staff: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

**APPLY ONLINE – [WWW.MYGOVERNMENTONLINE.ORG/](http://WWW.MYGOVERNMENTONLINE.ORG/)**

### CHECKLIST FOR CONDITIONAL USE PERMIT (ADMINISTRATIVE)

Items Required for Complete Submittal		Staff Verification & Comments	
<input type="checkbox"/>	Pre-application conference with staff is recommended Please call (512)393-8230 to discuss	<input type="checkbox"/>	
<input type="checkbox"/>	Completed Application for Conditional Use Permit (Administrative)	<input type="checkbox"/>	
<input type="checkbox"/>	Authorization to represent the property owner, if the applicant is not the property owner (see next pages)	<input type="checkbox"/>	
<input type="checkbox"/>	Application Filing Fee \$400 Technology Fee \$11	<input type="checkbox"/>	

Additional information may be required at the request of the Department

I hereby certify and attest that this application and all required documentation is complete and accurate. I hereby submit this application and attachments for review by the City of San Marcos. I understand that this request may be administratively approved by the Department and that if this application is denied for any reason, I may request a hearing before the Planning and Zoning Commission.

Type Name: Mike Keysers Date: 5-25-18  
Title: Member

#### To be completed by staff

I have reviewed this application and have determined that it meets the criteria outlined in the Land Development Code, is eligible for administrative approval, and is hereby approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

☐ Provide Copy to City Clerk

I have reviewed this application and have determined that it does not meet the criteria outlined in the Land Development Code and has been denied based on: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

☐ Provide Applicant with notice of decision

AGENT AUTHORIZATION TO REPRESENT PROPERTY OWNER

I, SCOTT TRAINER, MANAGER (owner) acknowledge that I am the rightful owner of the  
HOPKINS SQUARE, LLC  
property located at 100 WEST HOPKINS ST, SAN MARCOS, TX 78666 (address).

I hereby authorize \_\_\_\_\_ (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: Scott Trainer, MANAGER Date: 5-25-18

Printed Name: SCOTT TRAINER

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

To be completed by Staff: Case # \_\_\_\_\_