

CONDITIONAL USE PERMIT APPLICATION (ALCOHOL OUTSIDE CBA)

Updated: September, 2020



CONTACT INFORMATION

Applicant's Name	Mitch Patel	Property Owner	AUSDM, LLC
Company	AUSDM, LLC	Company	AUSDM, LLC
Applicant's Mailing Address	111 Broadway, Suite 300, Nashville, TN 37201	Owner's Mailing Address	111 Broadway, Suite 300, Nashville, TN 37201
Applicant's Phone #	615-277-1100	Owner's Phone #	615-277-1100
Applicant's Email	mitch.patel@platinumcos.com	Owner's Email	mitch.patel@platinumcos.com

PROPERTY INFORMATION

Subject Property Address: 625 Commercial Loop, Bldg 2, San Marcos, TX 78666

Zoning District: C-SM-HOTEL

Tax ID #: R 32068164162

Legal Description: Lot N/A Block N/A Subdivision 625 Commercial Loop Condominium, Unit Master 2, 60.30% Common Area Interest

Number of Parking Spaces: 144

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

DESCRIPTION OF REQUEST

Business Name: Residence Inn by Marriott San Marcos ☐ Restaurant ☐ Bar ☒ Other: Hotel

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

Hours of Operation(ex. Mon 12pm-1am): Mon 5pm-9pm Tue 5pm-9pm Wed 5pm-9pm

Thurs 5pm-9pm Fri 5pm-9pm Sat 5pm-9pm Sun 5pm-9pm

Indoor Seating Capacity: 144 Outdoor Seating Capacity: 14 Gross Floor Area:

AUTHORIZATION

I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.

Initial Filing Fee 793* Technology Fee \$13 **TOTAL COST \$806**

Renewal/Amendment Filing Fee \$423* Technology Fee \$13 **TOTAL COST \$436**

*Nonprofit Organization fees are 50% of the adopted fee listed for Conditional Use Permits

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

PROPERTY OWNER AUTHORIZATION

I, Mitch Patel (owner name) on behalf of
AUSDM, LLC (company, if applicable) acknowledge that I/we
am/are the rightful owner of the property located at
625 Commercial Loop, Bldg. 2, San Marcos, TX 78666 (address).

I hereby authorize Pedro Villa (agent name) on behalf of
AUSDM, LLC (agent company) to file this application for
Conditional Use Permit (application type), and, if necessary, to work with
the Responsible Official / Department on my behalf throughout the process.

Signature of Owner: _____

Date: 3/10/21

Printed Name, Title: _____

Mitch Patel, Manager

Signature of Agent: _____

Date: 3/10/21

Printed Name, Title: _____

Pedro Villa, General Counsel, AUSDM LLC

Form Updated October, 2019

**AGREEMENT TO THE PLACEMENT OF NOTIFICATION SIGNS
AND ACKNOWLEDGEMENT OF NOTIFICATION REQUIREMENTS**

The City of San Marcos Development Code requires public notification in the form of notification signs on the subject property, published notice, and / or personal notice based on the type of application presented to the Planning Commission and / or City Council.

- Notification Signs: if required by code, staff shall place notification signs on each street adjacent to the subject property and must be placed in a visible, unobstructed location near the property line. It is unlawful for a person to alter any notification sign, or to remove it while the request is pending. However, any removal or alteration that is beyond the control of the applicant shall not constitute a failure to meet notification requirements. *It shall be the responsibility of the applicant to periodically check sign locations to verify that the signs remain in place had have not been vandalized or removed. The applicant shall immediately notify the responsible official of any missing or defective signs. It is unlawful for a person to alter any notification sign, or to remove it while the case is pending; however, any removal or alteration that is beyond the control of the applicant shall not constitute a failure to meet notification requirements.*
- Published Notice: if required by code, staff shall publish a notice in a newspaper of general circulation in accordance with City Codes and the Texas Local Government Code. *If, for any reason, more than one notice is required to be published it may be at the expense of the applicant. The renotification fee shall be \$91 plus a \$13 technology fee.*
- Personal Notice: if required by code, staff shall mail personal notice in accordance with City Codes and the Texas Local Government Code. *If, for any reason, more than one notice is required to be mailed it may be at the expense of the applicant. The renotification fee shall be \$91 plus a \$13 technology fee.*

I have read the above statements and agree to the required public notification, as required, based on the attached application. The City's Planning and Development Services Department staff has my permission to place signs, as required, on the property and I will notify City staff if the sign(s) is/are damaged, moved or removed. I understand the process of notification and public hearing and hereby submit the attached application for review by the City.

Signature: 

Date: February 5, 2021

Print Name: Pedro Villa

Form Updated October, 2019



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

ON-PREMISE PREQUALIFICATION PACKET

L-ON (2/2021)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13

Contact your local TABC office to verify requirements of Sections 11.391 and 61.381 as you may be required to post a sign at your proposed location 60-days prior to the issuance of your license/permit.

All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

LOCATION INFORMATION

1. Application for: ☐ Original ☐ Add Late Hours Only License/Permit Number

☐ Reinstatement ☐ Reinstatement and Change of Trade Name License/Permit Number

☐ Change of Location ☐ Change of Location and Trade Name License/Permit Number

2. Type of On-Premise License/Permit

- | | |
|---|---|
| <input type="checkbox"/> BG Wine and Beer Retailer's Permit | <input type="checkbox"/> LB Mixed Beverage Late Hours Permit |
| <input type="checkbox"/> BE Beer Retail Dealer's On-Premise License | <input type="checkbox"/> MI Minibar Permit |
| <input type="checkbox"/> BL Retail Dealer's On-Premise Late Hours License | <input type="checkbox"/> CB Caterer's Permit |
| <input type="checkbox"/> BP Brewpub License | <input type="checkbox"/> FB Food and Beverage Certificate |
| <input type="checkbox"/> V Wine & Beer Retailer's Permit for Excursion Boats | <input type="checkbox"/> PE Beverage Cartage Permit |
| <input type="checkbox"/> MB Mixed Beverage Permit | <input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB |
| <input type="checkbox"/> O Private Carrier's Permit —Brewpubs (BP) with a BG only | <input type="checkbox"/> E Local Cartage Permit - Wine/Beer retailers (BG) Only |

3. Indicate Primary Business at this Location

- | | | |
|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sporting Arena, Civic Center, Hotel | <input type="checkbox"/> Bar |
| <input type="checkbox"/> Grocery/Market | <input type="checkbox"/> Sexually Oriented | <input type="checkbox"/> Miscellaneous _____ |

4. Trade Name of Location (Name of restaurant, bar, store, etc.)

5. Location Address

City	County	State	Zip Code
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6. Mailing Address	City	State	Zip Code
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7. Business Phone No.	Alternate Phone No.	E-mail Address
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OWNER INFORMATION

8. Type of Owner

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> City/County/University |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust | |

9. Owner of Business/Applicant (Name of Corporation, LLC, etc.)

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact **phone and email are mandatory and must be active and updated regularly**. If additional information is needed, it will be requested from this contact person. **Delays in responding to requests may delay the processing and approval of your permit/license.**

10. Contact Person:	Relation to Business:
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Phone (mandatory):	Email (mandatory):
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TABC DATESTAMP