

MASTER LAND USE PERMIT APPLICATION
LOS ANGELES CITY PLANNING DEPARTMENT

Planning Staff Use Only

ENV No.	Existing Zone C1-1D	District Map 150A191
APC Central	Community Plan Hollywood	Council District 4
Census Tract 1895.00	APN 5586014071	Case Filed With [DSC Staff]
		Date

CASE NO. _____

APPLICATION TYPE Conditional Use Permit - Alcoholic Beverages
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 1917-1919 N. Bronson Avenue Zip Code 90068
 Lot FR 1, Lot FR 2, Arb 1 and 2 of Lot FR 3, and Arb 1 and 2 of Lot FR 4 of F. Godde Tract
 Legal Description: Lot _____ Block _____ Tract _____
 Lot Dimensions irregular Lot Area (sq. ft.) 0.7 acres Total Project Size (sq. ft.) 3,600

2. PROJECT DESCRIPTION

Describe what is to be done: Upgrade from beer and wine to full alcohol in conjunction and extend alcohol sales consumption to the patio dining area for an existing restaurant [Victor's Square]

Present Use: restaurant with beer/wine (no alcohol on patio) Proposed Use: restaurant with full alcohol incl patio

Plan Check No. (if available) _____ Date Filed: _____

Check all that apply:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alterations	<input type="checkbox"/> Demolition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Tier 1 LA Green Code

Additions to the building:

<input type="checkbox"/> Rear	<input type="checkbox"/> Front	<input type="checkbox"/> Height	<input type="checkbox"/> Side Yard
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No. of residential units: Existing 0 To be demolished 0 Adding 0 Total 0

3. ACTION(S) REQUESTED

Describe the requested entitlement which either authorizes actions **OR** grants a variance:

Code Section from which relief is requested: _____ Code Section which authorizes relief: 12.24 W 1
Conditional Use Permit to allow the upgrade from beer and wine to full alcohol for an existing 3,600 sq. ft. restaurant including a 340 square-foot outdoor dining patio with 110 dining area seats, 12 bar seats and 20 patio dining seats

Code Section from which relief is requested: _____ Code Section which authorizes relief: 12.24 W 27
Conditional Use Permit to allow the hours of operation to exceed the hours of operations limited by the Commercial Corner Development; the proposed hours of operation are: from 10:00 am - 2:00 am, daily.

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____
N/A

List related or pending case numbers relating to this site:

4. OWNER/APPLICANT INFORMATION

Applicant's name _____ Company Victor's Square Hospitality, LLC
 Address: c/o Greg Morris 1915 N. Bronson Avenue Telephone: (213) 605-2952 Fax: () _____
Los Angeles, CA Zip: 90028 E-mail: greg@theoaksgourmet.com

Property owner's name (if different from applicant) Rick V. Levy Limited Partnership
 Address: 5 Concourse PKWY #1000 Telephone: () _____ Fax: () _____
Atlanta, GA Zip: 30328 E-mail: _____

Contact person for project information Margaret Taylor Company Apex LA
 Address: 5419 Hollywood Blvd. #C747 Telephone: (818) 398-2740 Fax: (213) 330-0335
Los Angeles, CA Zip: 90027 E-mail: margaret@apex-la.com

5. APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of a corporation (submit proof). (NOTE: for zone changes lessee may not sign).
- b. The information presented is true and correct to the best of my knowledge.
- c. In exchange for the City's processing of this Application, the undersigned Applicant agrees to defend, indemnify and hold harmless the City, its agents, officers or employees, against any legal claim, action, or proceeding against the City or its agents, officers, or employees, to attack, set aside, void or annul any approval given as a result of this Application.

Signature: [Handwritten Signature] Print: Robert J. Arogeti

ALL-PURPOSE ACKNOWLEDGMENT

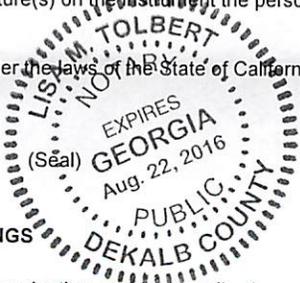
State of Georgia See Notary Acknowledgment attached
 County of DeKalb

On January 25, 2016 before me, Lisa M. Tolbert
 (Insert Name of Notary Public and Title)

personally appeared Robert J. Arogeti, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf on which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Lisa M. Tolbert
 Signature



6. ADDITIONAL INFORMATION/FINDINGS

In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Special Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.

NOTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your project. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff for details or an application.

Planning Staff Use Only		
Base Fee	Reviewed and Accepted by [Project Planner]	Date
Receipt No.	Deemed Complete by [Project Planner]	Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ~~California~~ Georgia
County of DeKalb)

On January 25, 2016 before me, Lisa M. Tolbert
(insert name and title of the officer)

personally appeared Robert J. Arzgeti,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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Signature

Lisa M. Tolbert

(Seal)

