



Application for Use Permit

OFFICE USE ONLY
Date Received:

Complete this application in its entirety and submit pages 4 and 5 along with the required materials (including any required supplements) as listed on page 2 to the address below:

City of Hampton
Community Development Department, Planning Division
22 Lincoln Street, 5th Floor
Hampton, Virginia 23669

Case Number: UP _____ - _____

1. PROPERTY INFORMATION

Address or Location 1899 N. Armistead Ave
LRSN 7001182 Zoning District C1
Current Land Use Shopping Center (Restaurant)
Proposed Land Use Restaurant with live entertainment
The proposed use will be in: an existing building a new addition a new building

2. PROPERTY OWNER INFORMATION (an individual or a legal entity may be listed as owner)

Owner's Name Huey Diep Nguyen My Diep & Nguyen Dren & Nga
Trans and LE NGOC
Address 126 Marcella Rd City Hampton State VA Zip 23666
Phone _____ Email _____

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Bowman's Soul w the well
Address 1899 N. Armistead City Hampton State VA Zip 23666
Phone 757 218 4070 Email rbowman69@hotmail.com

4. APPLICANT AGENT INFORMATION (if different from applicant)

Agent's Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS

Complete this section only if the property owner is **not** an individual but rather a legal entity such as a corporation, trust, LLC, partnership, diocese, etc. as specified in Step 2 above.

"I hereby submit that I am legally authorized to execute this application on behalf of the fee-simple owner of this property. I have read this application and it is submitted with my full knowledge and consent. I authorize city staff and representatives to have access to this property for inspection. The information contained in this application is accurate and correct to the best of my knowledge."

Name(s), title(s), signature(s), and date(s) of authorized representative(s) of the legal entity (attach additional page if necessary):

Name of Legal Entity ~~Bowman's Soul N the World LLC~~

Signed by: Name (printed) ~~Randy C. Bowman~~, Its (title) ~~owner~~

Signature ~~[Signature]~~ Date ~~5-8-18~~

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

6. CERTIFICATION FOR INDIVIDUAL PROPERTY OWNERS

Complete this section only if the property owner is an individual or individuals.

"I hereby submit that I am the fee-simple owner of this property. I have read this application and it is submitted with my full knowledge and consent. I authorize city staff and representatives to have access to this property for inspection. The information contained in this application is accurate and correct to the best of my knowledge."

Name(s), signature(s), and date(s) of owner(s) (attach additional page if necessary):

Name (printed) Huy Diep ✓

Signature [Signature] Date 5/30/18

Name (printed) NHI NGUYEN ✓

Signature [Signature] Date 8/10/18

OFFICE USE ONLY		
<input type="checkbox"/> Application Form	<input type="checkbox"/> Narrative Statement	<input type="checkbox"/> Supplemental Form (if required)
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Additional materials (if required)

5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS

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Name(s), title(s), signature(s), and date(s) of authorized representative(s) of the legal entity (attach additional page if necessary):

Name of Legal Entity _____

Signed by:

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

6. CERTIFICATION FOR INDIVIDUAL PROPERTY OWNERS

** Property owners signature only.*

Complete this section only if the property owner is an individual or individuals.

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Name(s), signature(s), and date(s) of owner(s) (attach additional page if necessary):

Name (printed) DIEN NGUYEN ✓

Signature *[Signature]* Date 08-07-18

Name (printed) MY NGUYEN ✓

Signature *[Signature]* Date 08-07-18

OFFICE USE ONLY		
<input type="checkbox"/> Application Form	<input type="checkbox"/> Narrative Statement	<input type="checkbox"/> Supplemental Form (if required)
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Additional materials (if required)

* NAME (PRINTED) NGUYEN TRANC

* SIGNATURE *[Signature]* * DATE 08-07-18

5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS

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Name(s), title(s), signature(s), and date(s) of authorized representative(s) of the legal entity (attach additional page if necessary):

Name of Legal Entity _____

Signed by:

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

6. CERTIFICATION FOR INDIVIDUAL PROPERTY OWNERS

* Property owner(s) signatures only.

Complete this section only if the property owner is an individual or individuals.

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Name(s), signature(s), and date(s) of owner(s) (attach additional page if necessary):

* Name (printed) Trang Thi Nguyen ✓

Signature [Signature] Date 8/07/2018

* Name (printed) Ngoc Le ✓

Signature [Signature] Date 08.07.2018

OFFICE USE ONLY		
<input checked="" type="checkbox"/> Application Form	<input checked="" type="checkbox"/> Narrative Statement	<input checked="" type="checkbox"/> FLOOR PLAN
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Supplemental Form (if required)
		<input type="checkbox"/> Additional materials (if required)

* NAME (PRINTED) Nguyen NHT

* SIGNATURE [Signature] * DATE 08.07.2018



Supplemental Information for
Live Entertainment '2'

Complete this supplement in its entirety and submit with the completed Use Permit application form to the address below:

City of Hampton
Community Development Department, Planning Division
22 Lincoln Street, 5th Floor
Hampton, Virginia 23669

OFFICE USE ONLY
Date Received:

RECEIVED

OCT 31 2018

CDD 5TH FLOOR

Case Number: UP _____ - _____

1. LOT INFORMATION

Current Number of On-site Parking Spaces 24 Proposed Number of On-site Parking Spaces _____

2. BUILDING INFORMATION

Total Square Footage 1300 Square Footage of Performance Area 90 sq ft

Square Footage of Dance Floor 0 Square Footage Served by Live Entertainment 90 sq ft

Please attach a floor plan of the facility with all rooms labeled as to their use and square footage and showing the location of the areas designated above.

3. OPERATIONAL INFORMATION

Existing Use Restaurant Proposed Use Restaurant w/ Live entertainment

Proposed Type(s) of Entertainment to be Offered Small Band, Karaoke, Comedy etc.

Equipment Required for Type(s) of Entertainment to be Offered microphone small PA system

Seating Capacity 85 Length of Ownership of this Business 1 yr

Existing Hours of Operation: Mon closed Tue 11-9 Wed 11-9
Thu 11-9 Fri 11-1 Sat 11-1 Sun 11-9

Proposed Hours of Operation: Mon closed Tue 11-9 Wed 11-9
Thu 11-9 Fri 11-2 Sat 11-2 Sun 11-9