



Application for  
**Use Permit**

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

OFFICE USE ONLY  
Date Received:

**RECEIVED**

**APR 23 2019**

**CDD 5<sup>TH</sup> FLOOR**

Case Number: UP 19-00003

**1. PROPERTY INFORMATION**

Address or Location 207 E. Mellen St & 3 S. Curry St

LRSN 12001143 12001144 Zoning District PH-2 C-2

Current Land Use Cider Manufacturing and retail taproom

Proposed Land Use Same with outdoor live music

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 R Hayden Smith Inc

Address 245 S. ARMISTEAD AVE City Hampton State VA Zip 23669

Phone 757-723-3191 Email T.B Smith 0502@gmail.com

**3. APPLICANT INFORMATION (if different from owner)**

Applicant's Name Sly Clyde LLC

Address 355 Warrington Circle City Hampton State VA Zip 23669

Phone 757 876-4215 Email Tim @ SlyClyde.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 SLY CLYDE LLC, R/Hayden Smith, Inc

Signed by:

Name (printed) Timothy B. Smith, Its (title) Member / President

Signature [Signature] Date 3/3/19

Name (printed) Carole H. Smith, Its (title) Sec. RHS INC.

Signature [Signature] Date 4/24/19

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) \_\_\_\_\_

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

Name (printed) \_\_\_\_\_

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

### 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) |



Supplemental Information for  
**Live Entertainment '2'**

OFFICE USE ONLY  
Date Received:

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MAR 05 2019

CDD 5<sup>TH</sup> FLOOR

Case Number: UP 19-00003

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

**1. LOT INFORMATION**

Current Number of On-site Parking Spaces 6 Proposed Number of On-site Parking Spaces \_\_\_\_\_

**2. BUILDING INFORMATION**

Total Square Footage 40,000 Square Footage of Performance Area 150

Square Footage of Dance Floor \_\_\_\_\_ Square Footage Served by Live Entertainment 10,000

☐ 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 Cider Manufacture AND RETAIL Proposed Use Same with live music outside

Proposed Type(s) of Entertainment to be Offered Movies, Acoustic Music

Equipment Required for Type(s) of Entertainment to be Offered Speakers, Amps, Sound Board,  
Musical Instruments, Lights,

Seating Capacity \_\_\_\_\_ Length of Ownership of this Business 1 year

Proposed Hours of Live Entertainment:  
Mon — Tue 6-10 Wed 6-10  
Thu 6-10 Fri 3-10 Sat 3-10 Sun 3-10