

SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION Please Print or Type

Applicant/Developer: Gypsy Rose Lee LLC, dba Shotzee's Bar & Grill
Street Address: 134 S Main St
City: Keller State: TX Zip: 76248
Telephone: 682-593-0820 Fax: _____ E-mail: _____
Applicant's Status: (Check One) Owner Tenant Prospective Buyer

Property Owner must sign the application or submit a notarized letter of authorization.

Owner: Keller Main 136, LLC
Street Address: 5016 Exposition Way
City: Keller State: TX Zip: 76244
Telephone: 817-296-2895 Fax: _____ E-mail: _____

Maath
Signature of Applicant
Date: 6/10/22

CARY MAATH
Signature of Owner Printed Name of Owner
Date: 7/2/22

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 134 S Main St
Legal Description:
Lot(s): 3 Block(s): 2 Subdivision Name: Original Town of Keller
Unplatted Property Description:
Abstract Name & Number: _____ Tract Number(s): _____
If property is not platted, please attach a metes and bounds description.
Current Zoning: OTK Proposed Zoning: OTK
Current Use of Property: Bar and Grill
Proposed Use of Property: Indoor Entertainment Facility

Executive Summary

THE COMPANY

Shotzee's Bar and Grill (Shotzee's), provides restaurant food and beverage services to individuals and families in the Keller, TX and surrounding areas. The business model is a that of a full-service dining experience. The facility will feature entertainment such as pool tables, dart boards, televisions for viewing sports, and occasional live music by local musicians.

PRODUCTS AND SERVICES

The company will provide a Barbeque Fusion food concept, using smoked meats to accentuate its dishes. Burgers, hot dogs, tacos, sandwiches and sides will be featured. Shotzee's will offer tea and soda, along with a variety of beer, wine, and mixed alcoholic drinks. Shotzee's will showcase custom shot recipes that will change frequently.

TARGET MARKET

Shotzee's will welcome all! We want to be a family friendly concept during the day and early evening hours, and shift focus to more of a night life and after-hours meeting place for adults. The location selected for Shotzee's is in the heart of downtown Keller, where there is easy access to parking. It is a central location near residential family homes, apartment buildings, and local businesses. We want to be the "Cheers" of Keller, TX.

MARKETING STRATEGY

To start, we will implement a website and utilize social media strategies to market our business. We plan to reach out to local businesses and offer happy hour specials to introduce our concept to the community. We will also implement "service industry" specials so that we become the place that other restaurant workers come to after work. We will feature various opportunities for groups to host their club meet-ups, ie Jeep groups, Corvette groups, and the like.

MANAGEMENT

The owners, Ned and Heather Brown, bring a combined 30 years of experience in the restaurant and bar industry. They will oversee the operations of the company from a high level. The restaurant will be managed day to day by Madison Brown, who has 5 years of experience in the restaurant and bar industry, including bartending, serving, management, inventory and ordering. A kitchen manager and an assistant manager, to be named, will round out the management team.

Company Name and Location

Gypsy Rose Lee LLC, DBA Shotzee's Bar and Grill is a Keller, Texas based company providing full-service restaurant, bar, and entertainment to families, individuals, and businesses in Keller, TX and the surrounding communities. It operates under the name of Shotzee's Bar and Grill. And it operates in only one location at 134 S Main St, Keller, TX 76248.

Ownership and Legal Status

Gypsy Rose Lee LLC was formed and filed in the Office of the Secretary of the State of Texas on June 11, 2019. Ned Jason Brown and Heather Lynne Brown, both managing members, share ownership equally.

Gypsy Rose Lee LLC, DBA Shotzee's Bar and Grill, was formed on August 30, 2021.

Trip Generation Data Form (Part I)

Land Use/Building Type: ¹ High Turnover (Sit-Down) Restaurant			ITE Land Use Code: 932		
Source: ITE Trip Generation Manual, 11th Edition			Source No. (by ITE):		
Name of Development: Shotzee's Bar & Grill			Day of the Week:		
City: Keller	State/Province: Texas	Zip/Postal Code: 76248	Day:	Month:	Year:
Country: U.S.A.			Metropolitan Area: Dallas-Fort Worth		

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area: <input type="checkbox"/> (1) CBD <input type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given				Detailed Description of Development: ³			
Independent Variable: (include data for as many as possible) ² Actual Estimated Actual Estimated							
25	(1) Employees (#)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	(10) Parking Spaces (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____	(2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____	(3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	96	(12) Seats (#)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	(4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(13) Servicing Positions/Vehicle Fuelling Positions _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(5) Building Area (gross sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>
_____	(% of development occupied _____)			_____	(15) AM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
5,000	(6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(16) PM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
_____	(7) Gross Leasable Area (sq. ft.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	(17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(18) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(9) Acres	<input type="checkbox"/>	<input type="checkbox"/>				

2. Definitions for several independent variables can be found in the Trip Generation User's Guide.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data: Vehicle Occupancy (#) AM _____ PM _____ 24-hour % Percent by Transit: AM % _____ PM % _____ 24-hour % Percent by Carpool/Vanpool: AM % _____ PM % _____ 24-hour % Full-time Employees by Shift: First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____ Parking Cost on Site: Hourly _____ Daily _____		Transportation Demand Management (TDM) Information: At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) under way? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of this TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary) <input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (4) Bicycle/Pedestrian <input type="checkbox"/> (8) Parking Supply and Pricing <input type="checkbox"/> (12) Other _____ Facilities and Site Management	
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Please Complete Form on Other Side

ITE Institute of Transportation Engineers
Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted; Trucks = Heavy Duty Trucks & Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume	268		268		536		612		306		306		713		356		357	
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 - 9) Time:	48		26		22													
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:	45		27		18													
A.M. Peak Hour: Generator ² Time:	68		39		29													
P.M. Peak Hour: Generator Time:	82		42		40		56		29		27		129		71		58	
No. of Days Counted																		

1, 2. Please refer to the *Trip Generation User's Guide* for a definition of the terms.

Detailed Driveway Volumes—Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-6:15							11:00-11:15						3:00-3:15							
6:15-6:30							11:15-11:30						3:15-3:30							
6:30-6:45							11:30-11:45						3:30-3:45							
6:45-7:00							11:45-12:00						3:45-4:00							
7:00-7:15							12:00-12:15						4:00-4:15							
7:15-7:30							12:15-12:30						4:15-4:30							
7:30-7:45							12:30-12:45						4:30-4:45							
7:45-8:00							12:45-1:00						4:45-5:00							
8:00-8:15							1:00-1:15						5:00-5:15							
8:15-8:30							1:15-1:30						5:15-5:30							
8:30-8:45							1:30-1:45						5:30-5:45							
8:45-9:00							1:45-2:00						5:45-6:00							
9:00-9:15													6:00-6:15							
9:15-9:30													6:15-6:30							

Please attach any additional site information or comments regarding special site characteristics, if available.

Check if additional information is attached.

Survey conducted by: Name: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Telephone #: _____ Fax #: _____ E-mail: _____

NOTE:

1. Gross floor area (sq. ft.) was used as a variable for the trip estimation.
2. Saturday and Sunday peak hours of generator are assumed to be during PM peak hour.











