



**Specific Use Designation with  
Term for the Sale of Alcoholic  
Beverages for On-Premises  
Consumption**

Project Number: SUD-21-0094  
Case Number: \_\_\_\_\_

<b>Applicant</b> (if acting as Agent, see affidavit on page 2)		Phone (432) 413-6503	
Printed Name: <u>Ana M Armendariz</u>		Email <u>Corasbistro@gmail.com</u>	
Address <u>4915 Belle Grove Ct.</u>	City <u>Midland</u>	State <u>TX</u>	Zip <u>79705</u>

<b>Property Owner</b>		Phone (432) 352-6386	
Printed Name: <u>Sonny Aguilar</u>		Email	
Address <u>P.O. Box 7247</u>	City <u>Midland</u>	State <u>TX</u>	Zip <u>79708</u>

<b>Representative</b> (if different from Applicant or Property Owner)		Phone ( )	
Firm: _____		Email	
Printed Name: _____			
Address	City	State	Zip

<b>Street Address:</b> <u>305</u> <del>305</del> <u>W. Ohio Ave. Midland, TX. 79705</u>
<b>Business Name:</b> <u>Coras Bistro</u>
<b>Legal Description</b> Lot: <u>1</u> Block: <u>27</u> Subdivision: <u>Original Town</u>
<b>Current Zoning:</b> <u>Commercial</u>
<b>Reason for Request:</b> <u>Beer &amp; Wine</u>

<b>Type of Business</b> (restaurant, bar, lounge, nightclub, etc.): <u>Restaurant</u>
<b>Proposed/Current Days and Hours of Operation:</b> <u>M-F: 7am-2pm Sat: 8am-12pm</u>
<b>Proposed Days and Hours of Alcohol Service:</b> <u>M-F: 7am-2pm Evening Th, F, S 5pm-9pm</u> <u>Sat: 8am-12pm.</u>
<b>Total Square Footage of Business:</b> <u>1166</u>
<b>Square Footage of Alcohol Serviceable Area:</b> <u>583</u>
<b>Restroom Fixtures:</b> Men <u>1</u> Toilets/Urinals: <u>1</u> Bathroom Sinks: <u>1</u>
<u>Shared</u> Women <u>1</u> Toilets: <u>1</u> Bathroom Sinks: <u>1</u>

**Submittal and Fees**

**Items to be submitted with this application form:**

- Application Fee – Payable to the 'City of Midland'
- Dimensioned Floor Plan showing:
  - Seating
  - Exits
  - Restrooms
  - Kitchen (if applicable)
  - Total Square Footage
  - Serviceable Square Footage
- Dimensioned Site Plan showing:
  - Parking
  - Business Footprint
- Digital Copies of Floor Plan & Site Plan (PDF/JPEG)

**Signatures**

Applicant (signature): <u>Ana M. Armendariz</u>	Date: <u>12/30/20</u>
Applicant (printed): <u>Ang M. Armendariz</u>	
Property Owner (signature): <u>Sonny Aguilar</u>	Date: <u>12/30/20</u>
Property Owner (printed): <u>Sonny Aguilar</u>	

*The Specific Use Designation with Term for the sale of all alcoholic beverages shall be considered officially received in the Planning office only when it has been submitted in full compliance with the provisions of Section 212 of the Texas Local Government Code and the Zoning Code of Ordinances of the City of Midland and when such required items for the application are also received.*

*All materials, including exhibits, submitted in support of an application, or displayed during a public hearing, shall remain the property of the City of Midland.*

If an agent is authorized by the property owner to file and execute the application on behalf of the property owner, the agent must complete the affidavit below.

STATE OF TEXAS  
COUNTY OF MIDLAND

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who, being by me duly sworn, upon oath says: That (s)he is authorized by \_\_\_\_\_, the owner of the above described property, to fully represent him/her in this application and that (s)he had the legal right, power and authority to sign said owner's name hereto as his/her attorney in fact.

\_\_\_\_\_  
Authorized Agent (signature)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC, MIDLAND COUNTY, TEXAS

**\*\*Application will not be considered for scheduling until reviewed by a planner.\*\***

**FOR OFFICE USE ONLY**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Property Owner Authorization | <input type="checkbox"/> Dimensioned Floor Plan             |
| <input checked="" type="checkbox"/> Application Fee              | <input type="checkbox"/> Site Plan                          |
| Check # <u>CCA</u>   | <input type="checkbox"/> Plans in Digital Format (PDF/JPEG) |

**RECEIVED**  
**JAN 04 2021**

Received By: Joseph Mamrak

Date: \_\_\_\_\_ BY: Jan

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