



## REPORT TO CITY COUNCIL

**TO:** Mayor Deinbo and Members City Council

**FROM:** Debra Irvin, City Manager

**DATE:** July 7, 2021

**SUBJECT:** **Case # 21-09** A request for a referral to Plan Commission for a Special Use Permit to Robert Mandela Welch to assume the operations of a dine-in and carry out restaurant at 6130 Madison Avenue, Berkeley MO 63134

### **PROJECT DESCRIPTION**

Petitioners Robert Mandela Welch is seeking to assume the operations of Lady Kim's restaurant at 6130 Madison Avenue, Berkeley MO 63134, the new name is Mandela's Soul Food

**SITE LOCATION:** 6130 Madison Avenue, Berkeley, Missouri 63134 (St. Louis County locator #11K341204) such property containing approximately 0.25 acres. The space is approximately 1440 square feet. There are approximately 3-off-street parking spaces.

### **ACTION FROM COUNCIL**

Refer to the Plan Commission for review and consideration of a Special Use Permit (SUP) to assume the operations at 6130 Madison.

**STAFF RECOMMENDATION:** Staff recommends referral to City Plan Commission

### **JUSTIFICATION**

Allowed under Special Use Permit (SUP) process

### **SUPPORTING DOCUMENTS**

1. Staff Report
2. Application
3. FB photos

### **IMPACT ON CITY'S BUDGET**

None

**Respectfully submitted,**

# EXHIBIT "A" – APPLICATION



PUBLIC WORKS DIVISION - 8425 AIRPORT ROAD - BERKELEY, MISSOURI 63134-2098 (314) 524 3313 FAX (314) 264-2074

7-19-2021

## TYPE OF APPLICATION

(Please check all that apply)

INITIAL FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input checked="" type="checkbox"/> Special Use Permit
<input type="checkbox"/> Re-approval (Plats)	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Business Name/Ownership Change
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Variance (Land Use)
<input type="checkbox"/> Street Name (New, Change)	<input type="checkbox"/> Variance (Building Code)
<input type="checkbox"/> Street Vacation	<input type="checkbox"/> Liquor/Lottery/Financials (Money Grams/Order)
<input type="checkbox"/> Medical Marijuana (Dispensary)	<input type="checkbox"/> Medical Marijuana (Grow Facility)
<input type="checkbox"/> Medical Marijuana (Researching/Testing)	<input type="checkbox"/> Building Code Appeal
<input type="checkbox"/> Other	<input type="checkbox"/> Other

### REQUIREMENTS:

1. Prepare twenty (20) legible sets of drawings detailing interior & exterior of property.
2. Submit a completed application three (3) weeks prior to Planning meeting. (SEE attached Deadline & Meeting dates)
3. **DO NOT** destroy, tear down or remodel proposed business structure until 'FINAL' approval by City Council.
4. If you do not submit your application in a timely manner your request will be considered on the next meeting date.

APPLICANT(S) LEGAL NAME(S) Robert Mandela Welch

APPLICANT IS (CHECK ONE): OWNER ☐ AGENT ☐ PURCHASER OF CONTRACT ☐ TENANT ☒

APPLICANT(S) ADDRESS: STREET 6130 Madison (8 Ranchview Dr. 63033)

CITY St. Louis STATE Mo ZIP 63134 PHONE 314-276-5815 E-MAIL

### LOCATION OF PROPOSED USE

STREET ADDRESS: 6130 Madison Berkeley Mo 63134

PROPERTY DESCRIPTION: Restaurant

PRESENT ZONING DISTRICT:  PROPOSED ZONING DISTRICT (If applicable)

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: Restaurant

THE PROPERTY IS TO USE IT FOR: (Type of Business) Restaurant

DAYS & HOURS OF OPERATION ETC. Open Monday - Sunday 11 - 7

PROPOSED NAME OF BUSINESS: Mandela Soulfood Cafe

APPROXIMATE SIZE OF TRACT: ACRES  SQ FT OF SPACE (Under roof)

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: Willie & Kimberly Kirkpatrick

ADDRESS: STREET: 12416 Bielefeld CITY Blackjack

STATE: Mo ZIP: 63033 PHONE: (314) 536-0015 E-MAIL: Kimberly.Kirkpatrick@epkco

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: Robert Mandela Welch

SIGNATURE

By signing this application the owner(s) and applicant(s) attest that all information and facts provided on this form and attachments are complete and accurate and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the City of Berkeley Board of Adjustments, City of Berkeley Planning & Zoning Commission. (All applicants and owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE Robert Mandela Welch OWNER(S) SIGNATURE Willie & Kimberly Kirkpatrick

DATE 06-24-2021

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On this date , all items necessary for a technical review of the proposed special use permit plan have been submitted and

Constitute a COMPLETE APPLICATION. STAFF SIGNATURE: Alma M. Smith

DATE PAID 6/24/21 ☒ Cash ☐ Check ☐ Money Order ☐ Debit/Credit RECEIPT NO: 47916 CASE NO: 21-09

## EXHIBIT “B” – FACEBOOK PHOTOS

