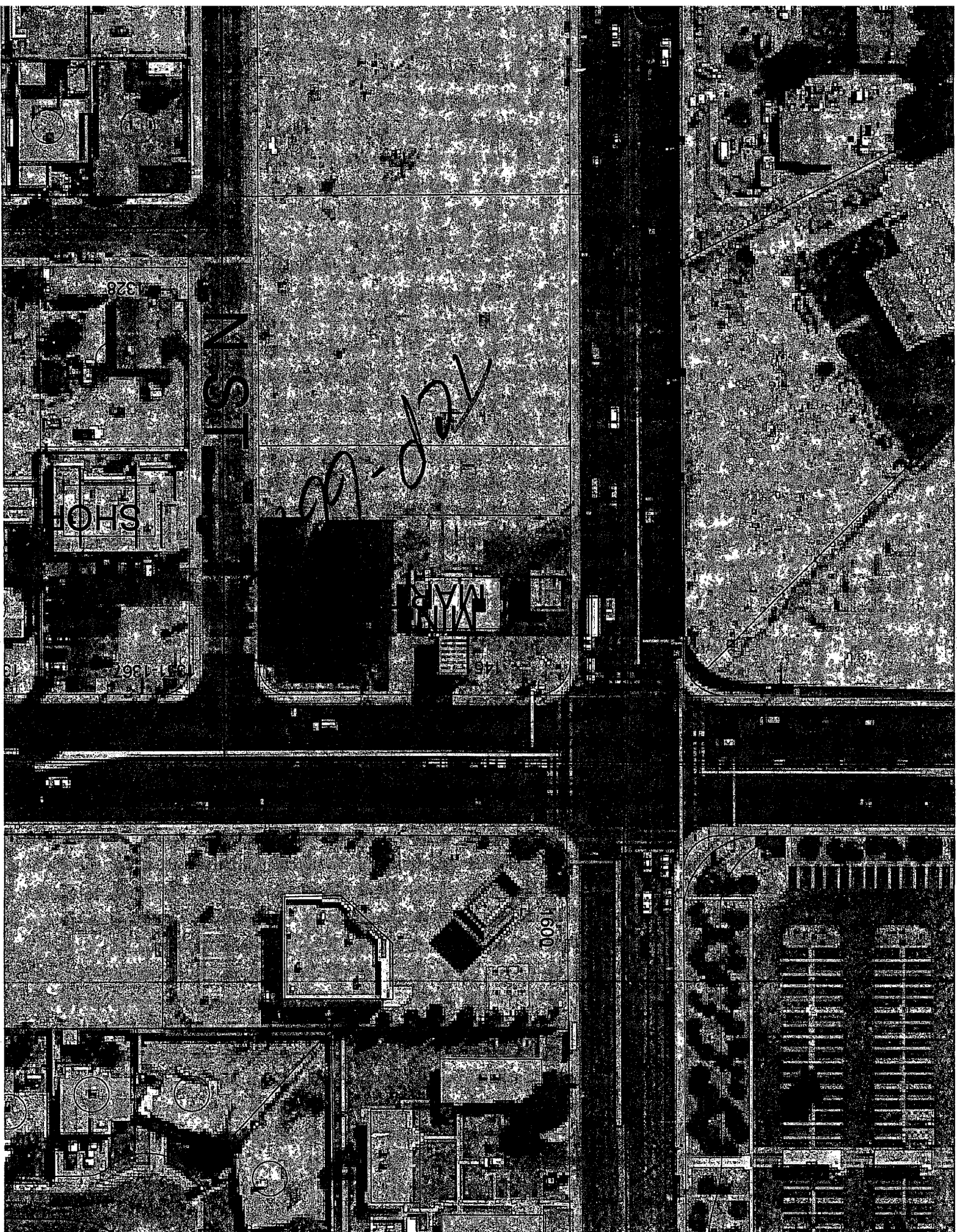


Plans (PMT)



Separator Sheet



Action Letter



ACTION LETTER

Separator Sheet



TEMPORARY COMMERCIAL PERMIT
MOTHERS DAY FLOWERS
TCP-13077

Valid May 12, 2006 To May 14, 2006



Description of Event: 1451 W. Owens Avenue, Las Vegas NV, 89106 **Mothers Day Basket sales.**
The sales will begin at 8 am on May 12 and end at 8 pm daily, thru May 14.

Applicant: Tina Ziko
tina ziko 556-6611
6505 Town Center
Las Vegas, NV 89144
(702)556-6611 x

Parcel(s): 139-28-501-001
Ward(s): ward 5 (weekly)

THIS PERMIT IS APPROVED PURSUANT TO SECTION 19.18.100 OF THE LAS VEGAS MUNICIPAL CODE, SUBJECT TO THE FOLLOWING CONDITIONS:

1. BUSINESS HOURS SHALL NOT EXTEND PAST 9:00 pm.
2. THIS PERMIT IS NOT A BUSINESS LICENSE.
3. THIS PERMIT IS NOT A SUBSTITUTE FOR ANY REQUIRED STATE OR LOCAL BUSINESS LICENSE OR FOR ANY REQUIRED CHARITABLE SOLICITATION PERMIT.
4. This use shall not create a nuisance to nearby properties as a result of factors such as excessive illumination, glare, noise, vibration, smoke, dust, dirt, odors, gases or heat.
5. The use shall conform to the submitted plot plan.
6. No combustible materials shall be located within 50 feet of any structure on, or adjacent to this site.
7. No building or structure of any type shall be erected closer than 25 feet from any property line.
8. The applicant shall display a copy of this Temporary Commercial Permit during the hours of operation.
9. Sanitation facilities must be provided in accordance with the Clark County Health District and Republic Services of Southern Nevada.
10. The applicant shall provide private security officers as required by the Las Vegas Metropolitan Police Department.
11. Any signage for this temporary commercial use must be approved and permitted by the Planning and Development Department.
12. All applicable City code requirements shall be satisfied.
13. The applicant shall be responsible for leaving the site free of debris, litter or any other evidence of occupancy upon completion or removal of the use.

THIS PERMIT SHALL BE POSTED IN A CONSPICUOUS PLACE

Justification Letter



Separator Sheet

Ginn Enterprises, Inc.
dba Pat's Chinese Food & Mini Mart
1451 W. Owens Ave
Las Vegas, NV 89106

April 14, 2006

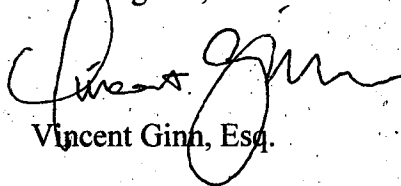
To Whom It May Concern:

Please accept this letter as a letter of permission allowing Tina Ziko and Steve Kent or any of their authorized agents to use a portion of our property located at 1451 W. Owens Ave. for the purpose of selling Mother's Day Gifts for the upcoming Mother's day holiday. Their rental period will start on May 12, 2006 and run through May 14, 2006.

Also, please note that Ms. Ziko and Mr. Kent have agreed to maintain the premises in a clean and debris-free condition during their occupancy and will return the area to its previous state at termination of the occupancy.

If you have any questions or concerns about the issue stated above or this letter, please do not hesitate in contacting Pat Ginn, Candie Ginn or me personally at (702)638-7287 or (702) 328-3368. Thank you in advance for your anticipated cooperation in this matter.

Best Regards,

A handwritten signature in cursive script, appearing to read "Vincent Ginn", written over the printed name.

Vincent Ginn, Esq.

Application



Separator Sheet

PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: TEMPORARY COMMERCIAL PERMIT
 Project Address (Location) 1451 W. OWENS AVE
 Project Name MOTHERS DAY GIFT BASKETS Proposed Use _____
 Assessor's Parcel #(s) 139-28-501-001 Ward # 5
 General Plan: existing SI proposed _____ Zoning: existing C-1 proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres .39 ACRES Lots/Units _____ Density _____
 Additional Information 8 A.M. - 8 P.M.

PROPERTY OWNER PAT GINN Contact PAT OR VINCENT
 Address 1451 W. OWENS Phone: 702 638-7287 Fax: _____
 City LAS VEGAS State NV Zip 89106

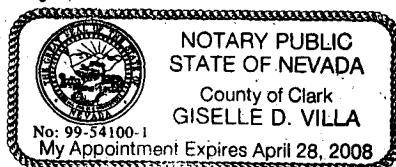
APPLICANT TINA ZIKO Contact _____
 Address 650 S TOWN CENTER Phone: 702 556-6611 Fax: _____
 City LAS VEGAS State NV Zip 89144

REPRESENTATIVE _____ Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____

Property Owner Signature* Vincent Ginn
 * An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
 Print Name VINCENT GINN

Subscribed and sworn before me
 This 14 day of April, 2008
Giselle D. Villa

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case #
<u>TCP 13077</u>
Meeting Date:
Total Fee:
<u>\$100</u>
Date Received:
<u>4-13-06</u>
Received By:
<u>[Signature]</u>

* The application will not be deemed complete until the submitted materials have been reviewed by the Planning and Development Department for consistency with applicable sections of the Zoning Ordinance.