



TEMPORARY SIGN PERMIT

TSP-43589

Description of Sign(s): Temporary sign permit for 2 banners and 1 sign and streamers.

Applicant: Rancho Auto Center L L C
Eddie Gazala
P O Box 46394
Las Vegas, NV 89114-6394
(702)300-5118 x

Parcel(s): 138-12-702-001

Ward(s): WARD 6 (STEVEN D. ROSS)

Type of Signs:

- ☒ Pennants
- ☐ Balloons
- ☒ Streamers
- ☐ Searchlights
- ☒ Portable
- ☐ Other

THIS PERMIT IS APPROVED PURSUANT TO TITLE 19.14.090A OF THE LAS VEGAS MUNICIPAL CODE, SUBJECT TO THE FOLLOWING CONDITIONS:

- 1) THE TEMPORARY SIGN PERMIT SHALL BE VALID FOR **60 DAYS** FROM **OCTOBER 17, 2011** TO **DECEMBER 15, 2011**.
- 2) ALL TEMPORARY SIGNS SHALL BE SET BACK FROM ANY STREET INTERSECTION OR DRIVEWAY OR OTHERWISE LOCATED IN ORDER TO NOT CREATE A SIGHT RESTRICTION.
- 3) ALL TEMPORARY SIGNAGE SHALL BE SO LOCATED AS TO NOT CREATE A NUISANCE TO NEARBY PROPERTIES AS A RESULT OF FACTORS SUCH AS EXCESSIVE ILLUMINATION, GLARE, OR NOISE.
- 4) ALL TEMPORARY SIGNAGE SHALL CONFORM TO THE SUBMITTED SITE PLAN.
- 5) THE APPLICANT SHALL DISPLAY A COPY OF THIS TEMPORARY SIGN PERMIT DURING NORMAL BUSINESS HOURS.
- 6) ALL TEMPORARY IMPROVEMENTS MADE TO THIS SITE AND THE ABUTTING STREETS SHALL BE REMOVED UPON EXPIRATION OF THE PERMIT.
- 7) ALL APPLICABLE CITY CODE REQUIREMENTS SHALL BE SATISFIED.
- 8) THE APPLICANT SHALL BE RESPONSIBLE FOR LEAVING THE SITE FREE OF DEBRIS, LITTER, OR ANY OTHER EVIDENCE OF THE SIGNAGE UPON EXPIRATION OF THE PERMIT.
- 9) NO SIGNS SHALL BE LOCATED IN THE PUBLIC RIGHT-OF-WAY.

THIS PERMIT SHALL BE POSTED IN A CONSPICUOUS PLACE



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: NATIONAL AUTO TRANS & ENGINE REPAIR
Project Address (Location) 3420 N. RANCHO DR #4 LAS VEGAS NV. 89130
Project Name TEMP-SIGN PERMIT Proposed Use 6 MONTHS
Assessor's Parcel #(s) 138-12-702-001 Ward # _____
General Plan: existing _____ proposed X Zoning: existing X proposed _____
Commercial Square Footage 5,400 Floor Area Ratio 80-10
Gross Acres 1-ACER 42689 S/Lots/Units Density _____
Additional Information _____

PROPERTY OWNER RANCHO AUTO CENTER LLC Contact EDDIE GAZALA
Address P.O. Box 46394 Phone: 300-5118 Fax: _____
City LAS VEGAS State NV Zip 89114
E-mail Address GAZALA 18 @ YAHOO.COM

APPLICANT JOHN SAIN Contact JOHN SAIN
Address P.O. Box 620082 Phone: 281-0142 Fax: 642-4533
City LAS VEGAS State NV Zip 89162
E-mail Address JSAIN 56 @ AOL.COM

REPRESENTATIVE N/A Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

Property Owner Signature* [Signature]

* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

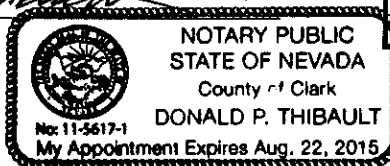
Print Name EDDIE GAZALA

Subscribed and sworn before me

This 14 day of Oct 20 11

[Signature]

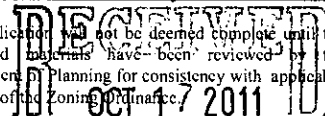
Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case #	<u>TSP-43589</u>
Meeting Date:	
Total Fee:	<u>\$100.00</u>
Date Received:	<u>10/17/11</u>
Received By:	<u>[Signature]</u>

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



10-17-2011

JUSTIFICATION LETTER

NATIONAL AUTO TRUCKS & ENGR. REPAIR

3420 N. RANCHO DR. SUITE # A

LAS VEGAS NV. 89130

PLEASE ISSUE PERMIT FOR (2)
BANNERS ON THE BUILDING AND
1 SIGN ON THE PROPERTY LINE
BY THE SIDE WALK ALSO SOME
OF THE PANNETS FROM THE
BUILDING TO THE ORIGINAL SIGN
ON THE PROPERTY.



10-17-2011

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OCT 17 2011

RANCHO AUTO CENTER, LLC**Business Entity Information**

Status:	Active	File Date:	2/13/2002
Type:	Domestic Limited-Liability Company	Entity Number:	LLC1595-2002
Qualifying State:	NV	List of Officers Due:	2/29/2012
Managed By:	Managers	Expiration Date:	2/13/2502
NV Business ID:	NV20021017695	Business License Exp:	2/29/2012

Additional Information

Central Index Key:	
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Registered Agent Information

Name:	AHARON GAZALA	Address 1:	10748 MOON FLOWER ARBOR
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89144
Phone:		Fax:	
Mailing Address 1:	P O BOX 46394	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89114		
Agent Type:	Noncommercial Registered Agent		

Financial Information

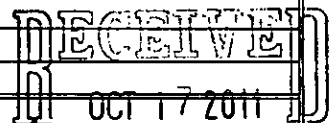
No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Officers☐ Include Inactive Officers

Manager - AHARON GAZALA			
Address 1:	PO BOX 46394	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	891146394	Country:	
Status:	Active	Email:	
Managing Member - HAVIVA GAZALA			
Address 1:	PO BOX 46394	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	891146394	Country:	
Status:	Active	Email:	

Actions\Amendments

Action Type:	Articles of Organization		
Document Number:	LLC1595-2002-001	# of Pages:	7
File Date:	2/13/2002	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	LLC1595-2002-002	# of Pages:	1



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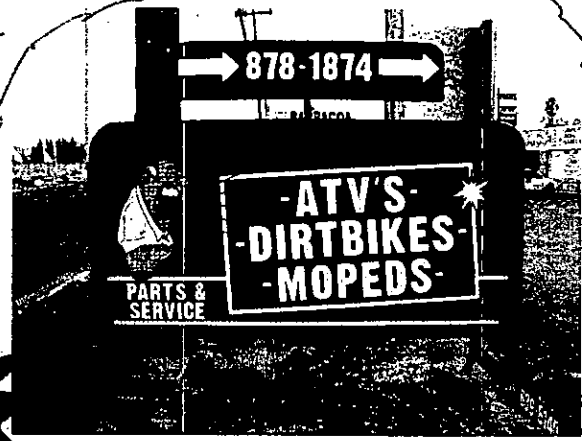
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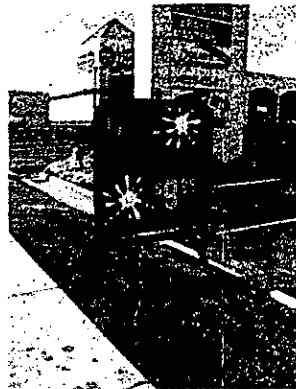
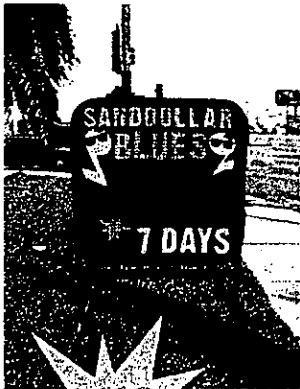
~~6000-0000~~ **KEN**
Magnetsign Master 4' x 8'



\$199
with



Magnetsign Mini 4' x 4'



Magnetsign Mini 4' x 5'

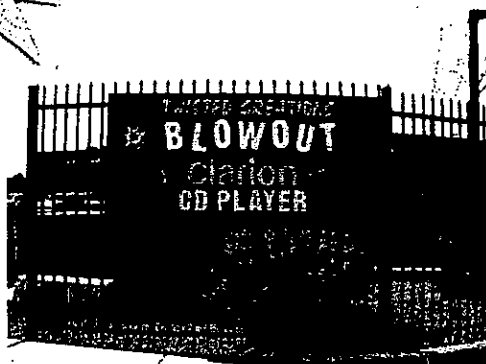


Magnetsign Major 4' x 5'

Magnetsign Mountie 4' x 5'



Magnetsign Mural 4' x 8'

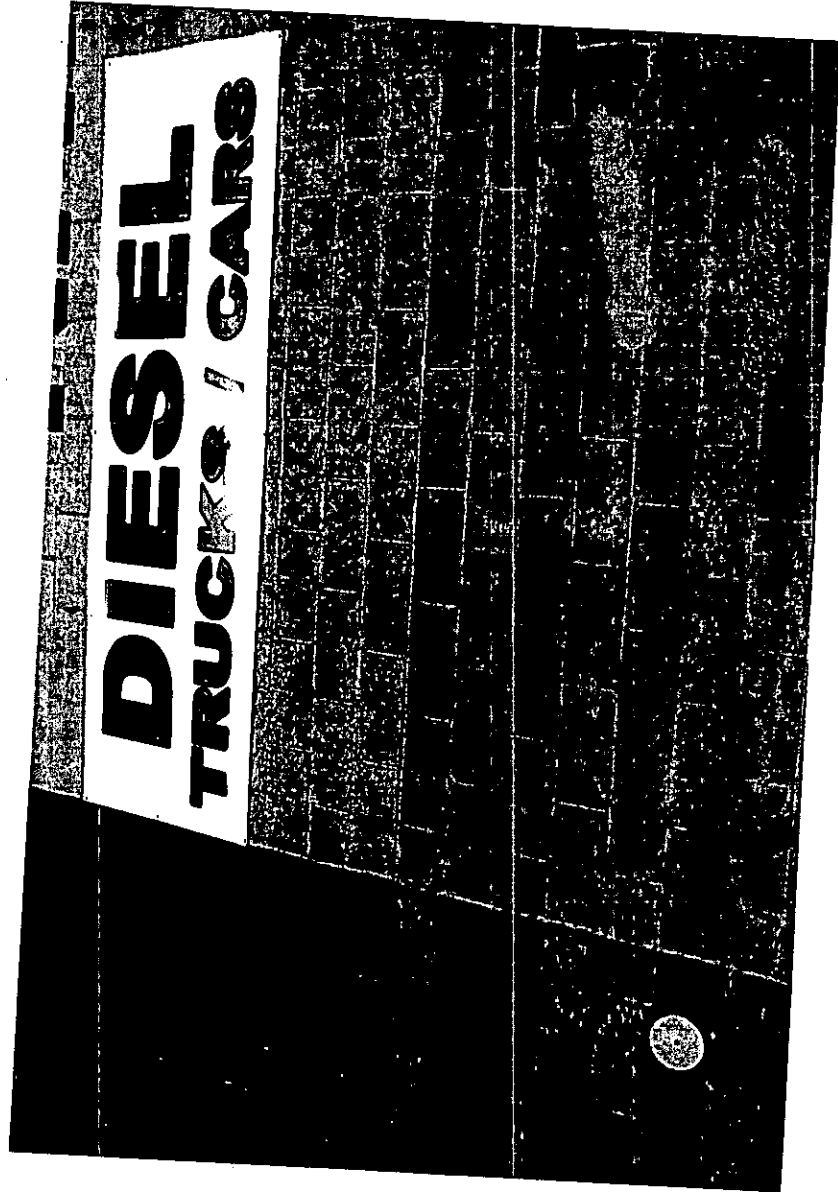


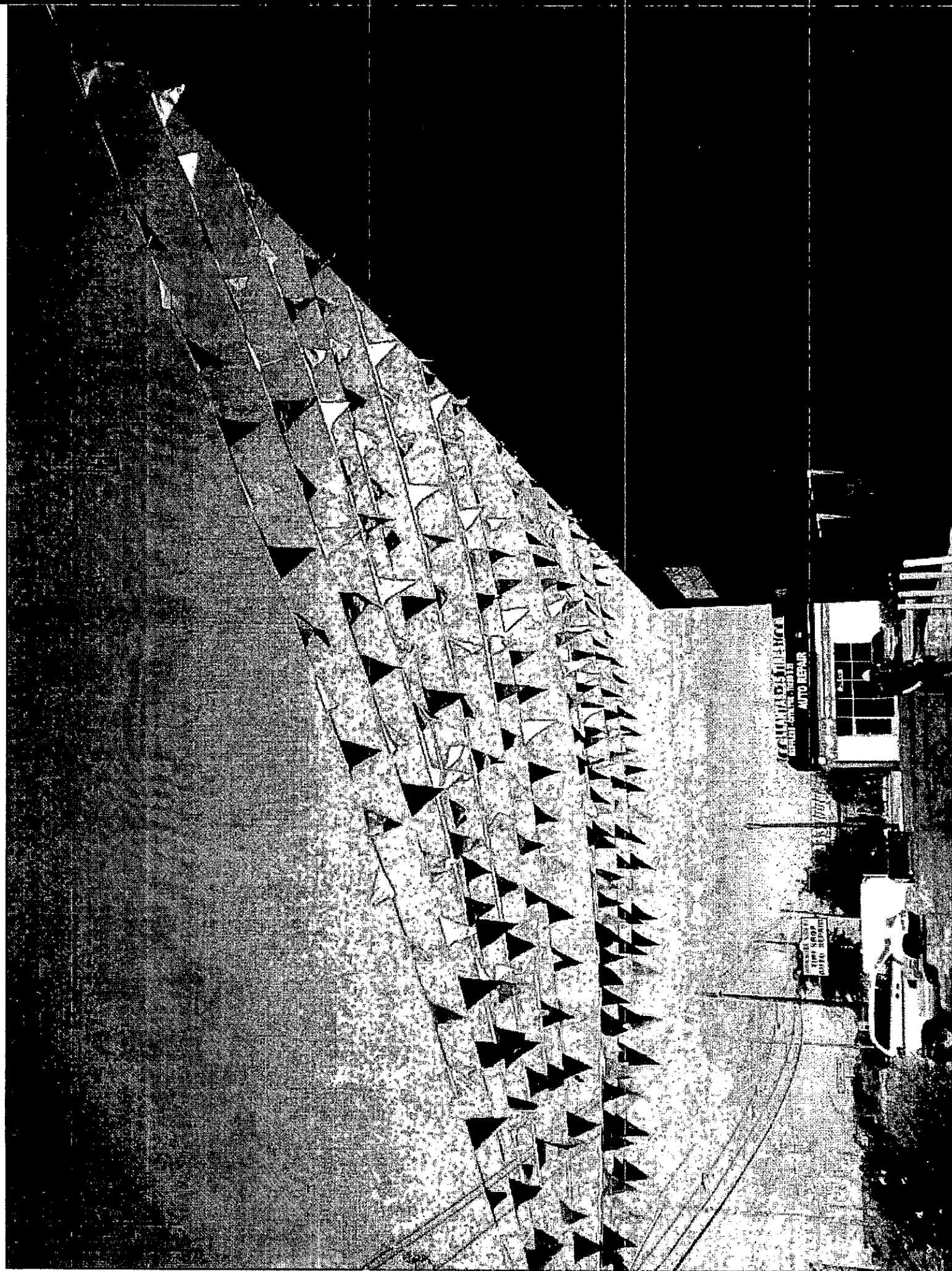
OCT 17 2011

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ATTN: MALL

Limited Power of Attorney**(with Durable Provision)**

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, that I, AMARON GAZALA
 of 10748 MOON FLOWER ARBOR LAS VEGAS NV 89144
 as Principal, do hereby make and grant a limited and specific power of attorney to LYZ ERDIE GAZALA
 of 10748 MOON FLOWER ARBOR LAS VEGAS NV 89144
 and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:
 (Describe specific authority) BRANCO AUTO CENTER, LLC

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Principal. This power of attorney may be revoked by the Principal giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Principal resides. Furthermore, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such a time as said court determines that I am no longer incompetent.

Other terms: _____

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Signed under seal this 4 day of July, 2009

Signed in the presence of:

Witness:

Michelle Youshock

Principal:

Abraham Gazala

Witness:

[Signature]

State of NEVADA

County of CLARK }

On 7-4-09 before me, Rick Keever
appeared WZY GAZALA

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument; and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

Signature:

[Signature]

Affiant Known X Produced ID
Type of ID Nevada ID CARD

(Seal)

