



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **EOT-41219** APN: 139-35-803-005

Name of Property Owner: Fremont Properties, LLC

Name of Applicant: John Wolfson

Name of Representative: _____

To the best of your knowledge, does the Mayor or any member of the City Council or Planning Commission have any financial interest in this or any other property with the property owner, applicant, the property owner or applicant's general or limited partners, or an officer of their corporation or limited liability company?

☐ Yes

☒ No

If yes, please indicate the member of the City Council or Planning Commission who is involved and list the name(s) of the person or persons with whom the City Official holds an interest. Also list the Assessor's Parcel Number if the property in which the interest is held is different from the case parcel.

City Official: _____

Partner(s): _____

APN: _____

Signature of Property Owner: John Wolfson

Print Name: John Wolfson

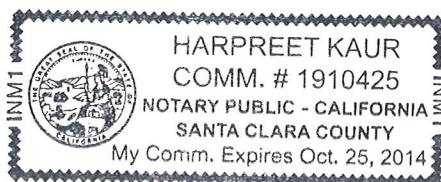
Subscribed and sworn before me

This 15th day of March, 2011

Harpreet Kaur Santa Clara, CA

Notary Public in and for said County and State

Revised 11-14-06



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DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Extension of Time
Project Address (Location) 1930 Fremont St, Las Vegas, NV 89101
Project Name Odyssey Tavern Proposed Use Liquor Establishment
Assessor's Parcel #(s) 139-35-803-005 Ward # 3
General Plan: existing MXU proposed _____ Zoning: existing C-2 proposed _____
Commercial Square Footage 3500 Floor Area Ratio _____
Gross Acres 0.66 Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER Fremont Properties, LLC Contact John Wolfson
Address PO Box 41134 Phone: (408) 203-1971 Fax: (408) 268-4254
City San Jose State CA Zip 95160
E-mail Address jwolfson@hotmail.com and john.wolfson@gmail.com

APPLICANT Same As Above Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

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

Property Owner Signature* John Wolfson

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

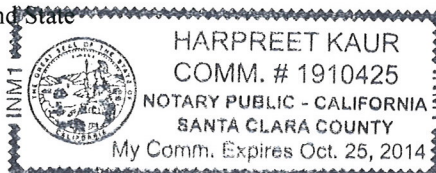
Print Name John Wolfson

Subscribed and sworn before me

This 15th day of March, 20 11.

Harpreet Kaur
Harpreet Kaur, Santa Clara, CA

Notary Public in and for said County and State



Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	<u>EOT-41219</u>
Meeting Date:	<u>5/14/11</u> <u>IMCC</u>
Total Fee:	<u>\$800</u>
Date Received:*	<u>3/16/11</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.

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