



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-41261** APN: 13934611051
Name of Property Owner: Mele Pono Holding Co
Name of Applicant: Good Times Smoke & Chew
Name of Representative: Izzat Shakir

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: _____

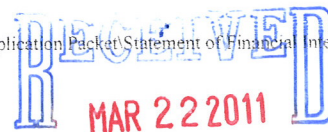
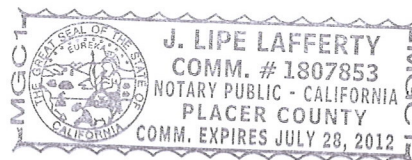
Signature of Property Owner: Rosemary Shong

Print Name: Rosemary Shong

Subscribed and sworn before me

This 15th day of March, 20 11

[Signature]
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Beer/Wine/cooler off sale
 Project Address (Location) 124 South 6th St (suites 180 & 170)
 Project Name Good Times Smoke & Chew Proposed Use _____
 Assessor's Parcel #(s) 13934611051 Ward # 5
 General Plan: existing _____ proposed _____ Zoning: existing C-2 proposed same
 Commercial Square Footage 1250 Floor Area Ratio (existing)
 Gross Acres 0.33 Lots/Units N/A Density _____
 Additional Information _____

PROPERTY OWNER Mele Pono Holdings Contact _____
 Address 8367 W. Flamingo #201 Phone: _____ Fax: _____
 City Las Vegas State NV Zip 89147
 E-mail Address _____

APPLICANT Good Times Smoke & Chew Contact Izzat Shakir
 Address 124 So 6th St Ste 170 Phone: 5721927 Fax: _____
 City LV State NV Zip 89101
 E-mail Address izzatlv@hotmail.com

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

Property Owner Signature* Rosemary Shoorg

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

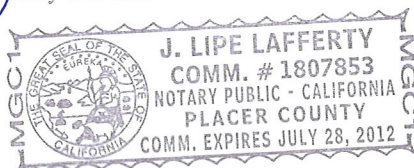
Print Name Rosemary Shoorg

Subscribed and sworn before me

This 15th day of March, 20 11

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # SUP-41261
 Meeting Date: 5/19/11
 Total Fee: \$1,280
 Date Received: 3/22/11
 Received By: Buss

*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.

f:\depot\Application Packet\Application Form.pdf

RECEIVED
MAR 22 2011

