



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **ROC-43006** APN: 163-02-415-015
Name of Property Owner: Omninet Sahana Craig, LP
Name of Applicant: Nakata Market of Japan
Name of Representative: Tammy Montross

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: _____

Print Name: Andrea Costantini, Manager

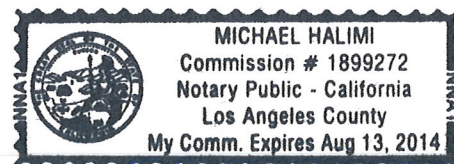
Subscribed and sworn before me

This 16th day of August, 2011

Notary Public in and for said County and State

Michael Halimi
Los Angeles, California

Revised 11-14-06



Application Packet Statement of Financial Interest.pdf

RECEIVED
AUG 25 2011



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: REVIEW OF CONDITIONS SUP-1700
 Project Address (Location): 2350 S. Rainbow Boulevard, Suites 6 & 7
 Project Name: Nakata Market of Japan Proposed Use: _____
 Assessor's Parcel #(s): 163-02-415-015 Ward #: 1-Tarkanian
 General Plan: existing SC proposed N/C Zoning: existing C-1 proposed N/C
 Commercial Square Footage: _____ Floor Area Ratio: _____
 Gross Acres: 5.44 Lots/Units: _____ Density: _____
 Additional Information: _____

PROPERTY OWNER Omninet Sahara Craig LP Contact Andrea Costantini
 Address 9420 Wilshire Blvd, Ste 400 Phone: (310) 300-4104 Fax: 300-4101
 City Beverly Hills State CA Zip 90212
 E-mail Address andrea@omninet.com

APPLICANT Nakata Market of Japan Contact Kumiko Nakata
 Address 2350 S. Rainbow Blvd., #6 & 7 Phone: 257-1414 Fax: 257-1418
 City Las Vegas State NV Zip 89146
 E-mail Address: _____

REPRESENTATIVE _____ Contact Tammy Montross
 Address 2900 El Camino Ave, #222 Phone: 725-513-6915 Fax: _____
 City Las Vegas State NV Zip 89102
 E-mail Address tammymontross@yahoo.com

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 Andrea Costantini

Subscribed and sworn before me

This 1 day of AUGUST, 20 11

Notary Public in and for said County and State

Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	<u>ROC-43006</u>
Meeting Date:	<u>10/5/11 CC</u>
Total Fee:	<u>\$1,080</u>
Date Received:*	<u>8/25/11</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.

City of Las Vegas Department of Planning Form 406

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

On August 1, 2011 before me,

Michael Halimi

Here Insert Name and Title of the Officer

personally appeared

Andrea Costantini

Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Department of Planning

Document Date:

Number of Pages:

1

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

☐ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:

Signer's Name:

☐ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

RECEIVED
AUG 25 2011

