DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-42982** APN: 162-03-110-036

Name of Property Owner: 3rd & CHARLESTON LLC

Name of Applicant: DAVID TRAN

Name of Representative: The Equity Group

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: Steven Fazekas

Print Name: ~~STEPHEN~~ STEVEN FAZEKAS

Subscribed and sworn before me

This 19 day of August, 2011

K. Denning

Notary Public in and for said County and State

K. DENNING
NOTARY PUBLIC
STATE OF NEVADA
Date Appointment Exp. Sept. 20 2012
Certificate No: 04-92073-1

RECEIVED
AUG 24 2011
City of Las Vegas

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: DAVID TRAN

Project Address (Location) 220 E CHARLESTON NV.

Project Name UMBRELLA STUDIOS **Proposed Use** TATTOO / ART GALLERY

Assessor's Parcel #(s) 162051100 36 **Ward #** _____

General Plan: existing _____ proposed _____ **Zoning:** existing _____ proposed _____

Commercial Square Footage 2000 sq/ft **Floor Area Ratio** _____

Gross Acres _____ **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER 3rd & CHARLESTON LLC **Contact** 702 491-6822

Address 8367 W. FLAMINGO STE 201 **Phone:** _____ **Fax:** _____

City LAS VEGAS **State** NV **Zip** 89147

E-mail Address _____

APPLICANT DAVID TRAN **Contact** 702-606-0126

Address 5509 EVERGREEN AVE **Phone:** _____ **Fax:** _____

City LAS VEGAS **State** NV **Zip** 89107

E-mail Address _____

REPRESENTATIVE The Equity Group **Contact** Cherise Holley

Address 8367 W. Flamingo Rd #201 **Phone:** 796-5500 x516 **Fax:** 796-5525

City Las Vegas **State** NV **Zip** 89147

E-mail Address cholley@teglv.com

Property Owner Signature* _____

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

Print Name STEVEN FAZEKAS

Subscribed and sworn before me

This 19 day of August, 20 11.

_____

Notary Public in and for said County and State

K. DENNING
NOTARY PUBLIC
STATE OF NEVADA
Date Appointment Exp. Sept. 20 2012
Certificate No: 04-92073-1

FOR DEPARTMENT USE ONLY

Case #	SUP-42982
Meeting Date:	10-11-11
Total Fee:	1080
Date Accepted:	8-23-11
Accepted By:	FS

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