



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-38096**

APN: 16300816037

Name of Property Owner: RECEIVERSHIP ESTATE OF VILLAGE SQUARE SHOPPING CENTER LLC

Name of Applicant: _____

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

X 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: _____

Receivership Estate of Village Square Shopping Ctr. LLC
David Leukes, Court Appointed Receiver

Print Name: _____

Subscribed and sworn before me

This 11th day of March, 2010

Laurene Palma
Notary Public in and for said County and State





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: VARIANCE PARKING
Project Address (Location) 9410 W Sahara #140, Las Vegas, NV 89117
Project Name Riviera Salon Proposed Use Massage Establishment
Assessor's Parcel #(s) 163 068 16 037 Ward # 2
General Plan: existing _____ proposed _____ Zoning: existing C-1 proposed C-1
Commercial Square Footage _____ Floor Area Ratio _____
Gross Acres _____ Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER RENEWELSHIRESTATE OF Contact MARGARET ZIEDIN
VILLAGE SQUARE SHOPPING CENTER, LLC
Address 3400 HOWARD HUGHES PKWY #1200 Phone: 796-7900 Fax: 796-7920
City LAS VEGAS State NV Zip 89169
E-mail Address m.ziedin@tnpre.com

APPLICANT RUKIA HERSHKOWITZ Contact _____
Address 3518 Spring Shower Phone: 702-285 Fax: _____
City Las Vegas State NV Zip 89147
E-mail Address _____

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

Receivership Estate of Village Sq. Shopping Ctr, LLC

Property Owner Signature* [Signature]
Print Name DAVID JEWKES

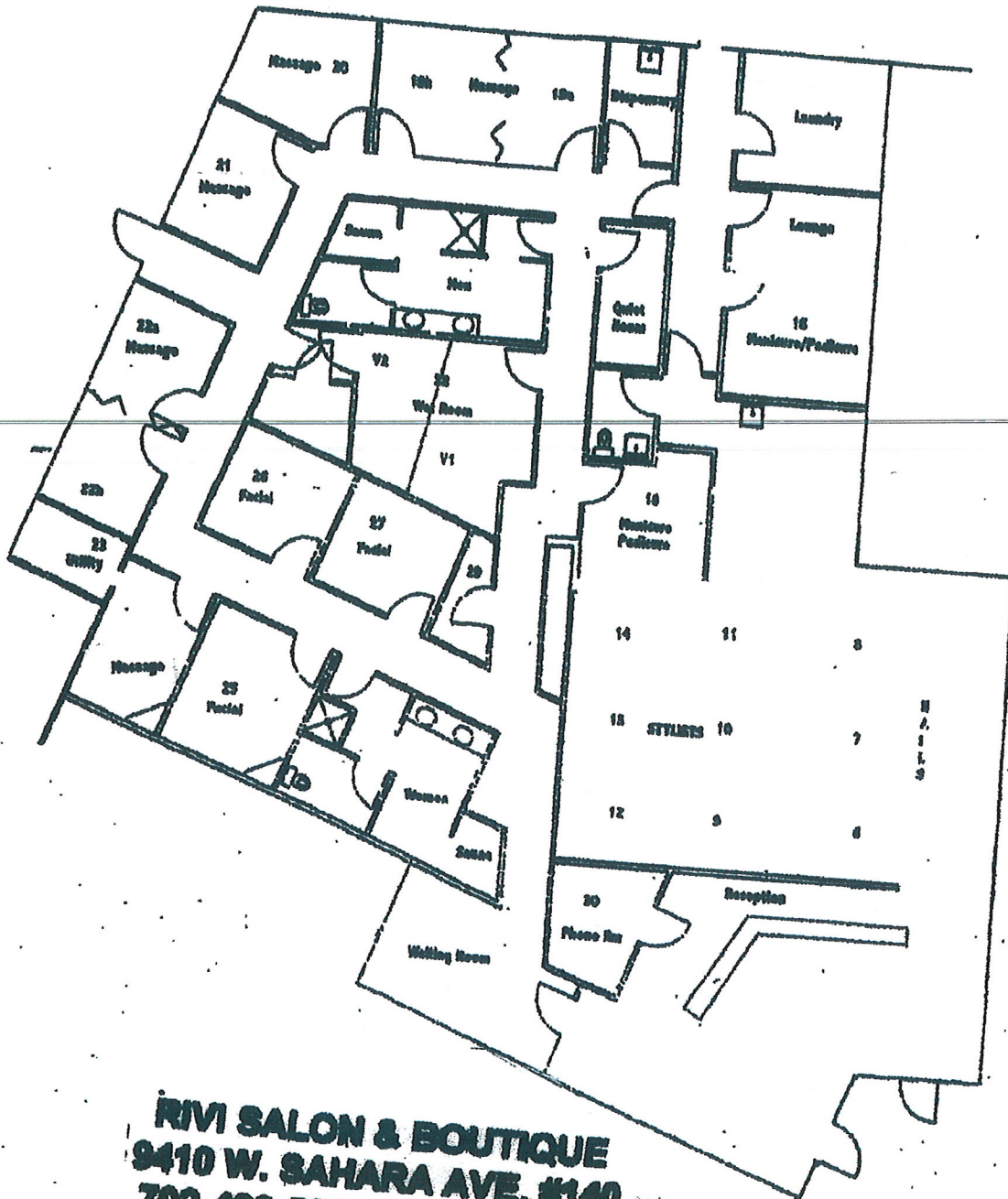
Subscribed and sworn before me
This 10th day of March, 20 10

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

FOR DEPARTMENT USE ONLY	
Case #	<u>VAR-38096</u>
Meeting Date:	<u>6/24/10</u>
Total Fee:	<u>\$30.00</u>
Date Received:	<u>4-27-10</u>
Received By:	<u>[Signature]</u>

*The application will not be deemed complete until the submitted materials have been reviewed by the Planning and Development Department for consistency with applicable sections of the Zoning Ordinance.
c:\depo\Application Packet\Application Form.pdf





RVI SALON & BOUTIQUE
9410 W. SAHARA AVE. #140
702-483-5080 702-483-5053

RECEIVED
 APR 27 2010

VAR-38096
SUP-37665