



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number **SUP-37665** APN: 16300816037

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

Name of Applicant: Rivka Hershcovitz

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

Print Name: David Leukes, Court Appointed Receiver

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: Massage Establishment
Project Address (Location) 9410 W Sahara #140, Las Vegas, NV 89117
Project Name Rivi 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 2,450 Floor Area Ratio _____
Gross Acres _____ Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER REWEVERSHIRE ESTATE OF Contact MARGARET ZIEDIN
VILLAGE SQUARE SHOPPING CENTER, LLC (702)
Address 3800 HOWARD HUGHES PKWY #1200 Phone: 796-7900 Fax: 796-7920
City LAS VEGAS State NV Zip 89169
E-mail Address m.ziedin@twpr.com

APPLICANT RUKA 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 FOR DEPARTMENT USE ONLY

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 DAVID JENKES

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

Laurene DelPalma

Notary Public in and for said County and State

Revised 10/27/08



Case #	<u>SUP-37665</u>
Meeting Date:	<u>May 27, 2010</u>
Total Fee:	<u>\$1030.00</u>
Date Received:	<u>3/16/10</u>
Received By:	<u>M. Howe</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.

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RECEIVED
MAR-16-2010