



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-38607** APN: 16301-102-007
16301-102-002
16301-102-001, 163-102-037

Name of Property Owner: Chabad

Name of Applicant: Michele Morgan-Devore

Name of Representative: Michele Morgan-Devore

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: _____

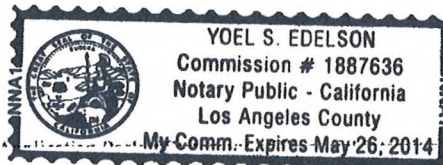
Print Name: RABBI BORUCH CUNIN / CHABAD OF CALIFORNIA

Subscribed and sworn before me

This 15 day of JUNE, 2010

Notary Public in and for said County and State

PROVED TO ME ON THE BASIS OF SATISFACTORY
EVIDENCE TO BE THE PERSON WHO APPEARED
BEFORE ME





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: NON Profit Thrift Shop / VARIANCE
Project Address (Location) 6029 West Charleston LV NV 89146
Project Name Dinosaur and Roses Proposed Use Non Profit Thrift Shop
Assessor's Parcel #(s) 16301-102-002 16301-102-001
16301-102-007, 163-102-037 Ward # 1
General Plan: existing SC proposed _____ Zoning: existing C1 proposed _____
Commercial Square Footage 3,000 SF Floor Area Ratio _____
Gross Acres 2.6 acres Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER Chabad California Contact _____
Address 741 Grayley Avenue Phone: 208-7511 Fax: _____
City Los Angeles State CA Zip 90024
E-mail Address Yanky@chabad.com

APPLICANT Michele Morgan-Devore Contact _____
Address 3849 Greenbrook Hill St Phone: 702 521-4000 Fax: 702 804-8700
City LV NV State NV Zip 89129
E-mail Address _____

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

Property Owner Signature* [Signature]

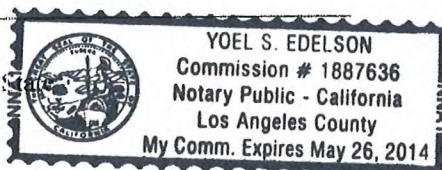
* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name RABBI BORUCH LEVIN CHABAD OF CALIFORNIA

Subscribed and sworn before me PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME

This 16 day of JUNE, 2010

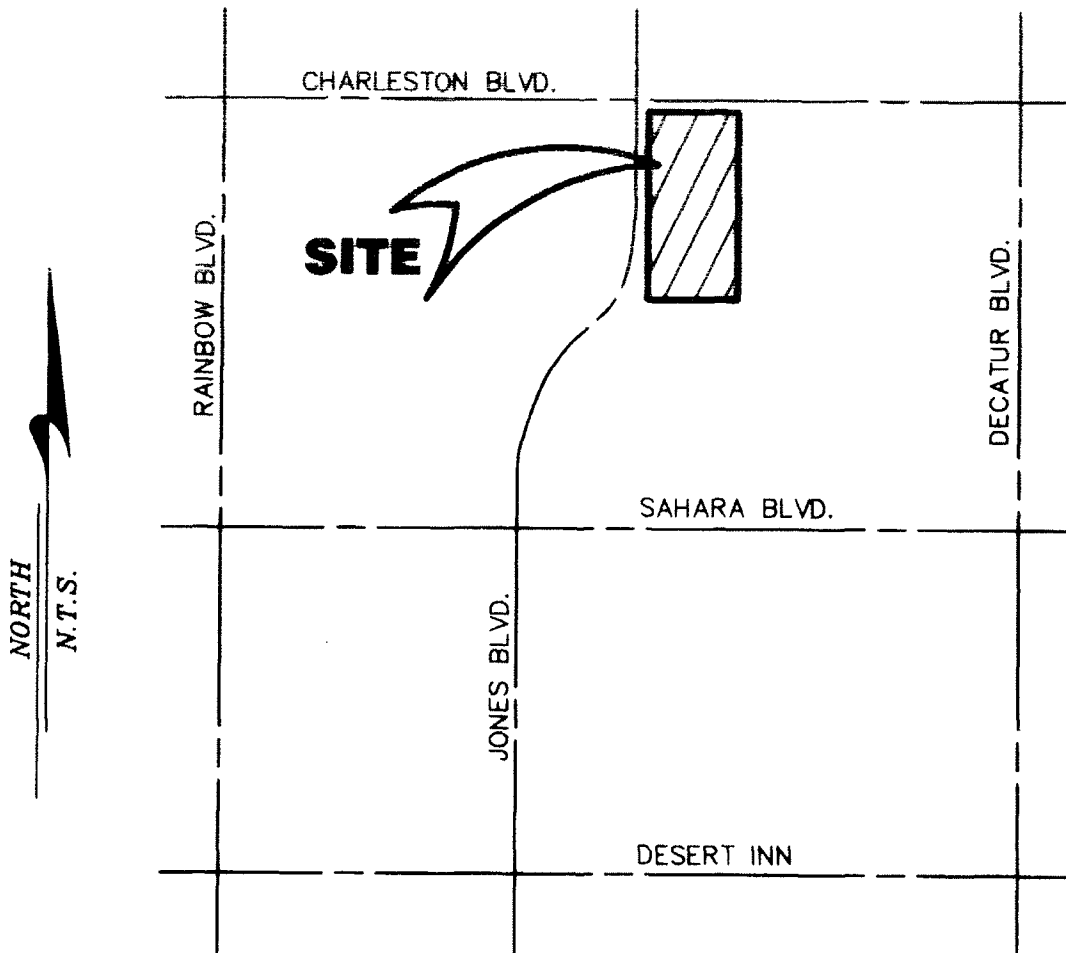
Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case #	<u>SUP-38607</u>
Meeting Date:	<u>7-29-10</u>
Total Fee:	<u>1,030</u>
Date Received:	<u>6-17-10</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



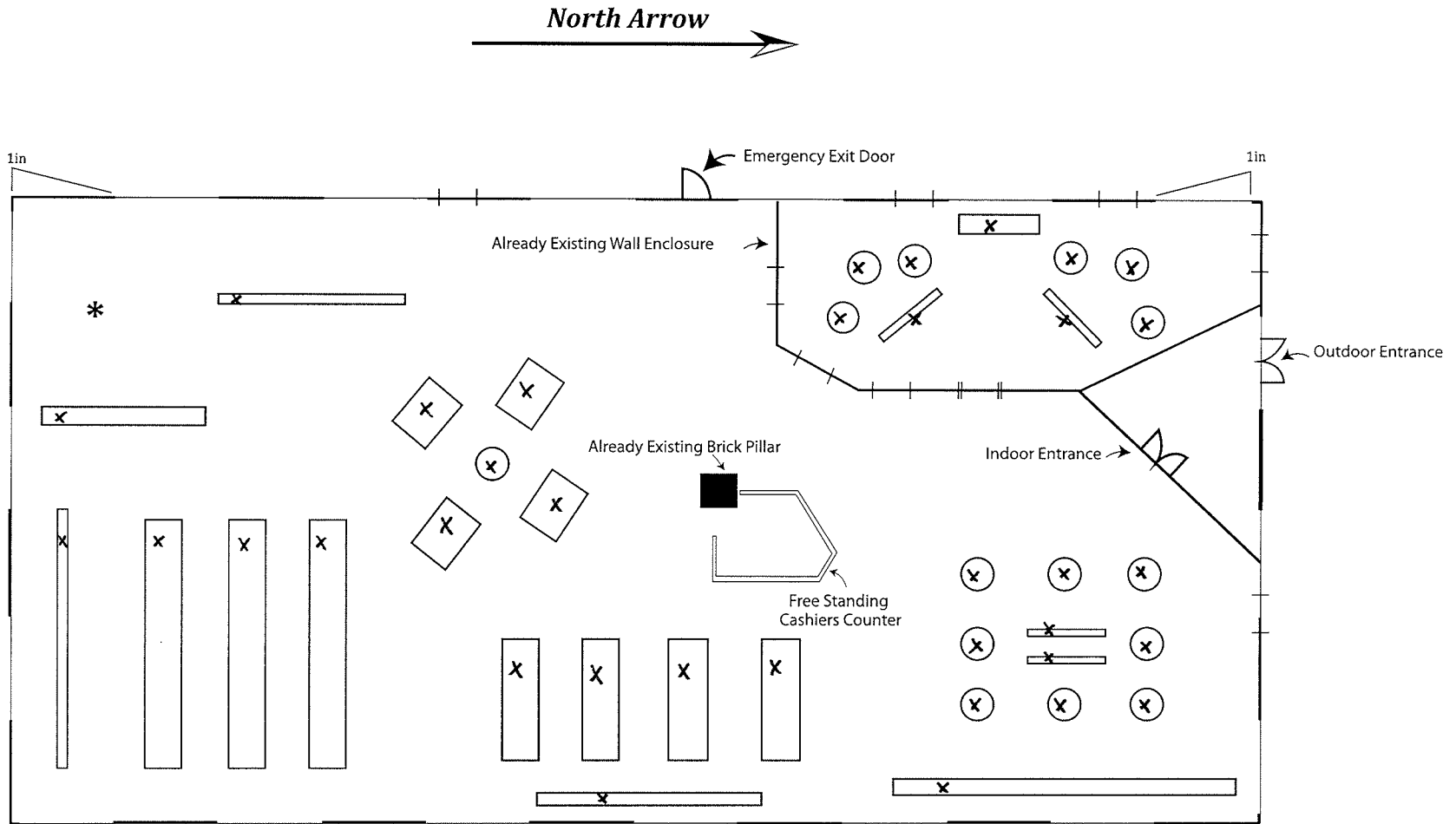
VICINITY MAP
N.T.S.

SUP-38607

RECEIVED

JUN 16 2010

Floor Plan for Dinosaurs & Roses



Graphic Scale

0 1in
1in = 63.67 sq.ft

*Already Existing Space = 2292.12 sq. ft

NOTES:

- All objects marked with an "x" represent movable display units.
- Spaces marked with a single line "|" represent already existing windows fixtures.
- Spaces marked with double lines "||" represent already existing doorways.
- Maximum Occupancy (approx.) 110 people.

RECEIVED

SUP-38607

JUN 16 2010