



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-38817** APN: 139-34-311-068

Name of Property Owner: SIX SIXTEEN SOUTH THIRD STREET LLC

Name of Applicant: STATEWIDE BAIL BONDS

Name of Representative: LINDA REECH

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

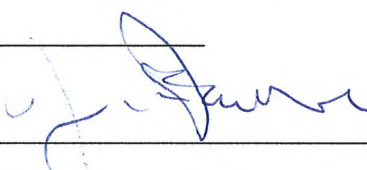
☒ No

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): _____

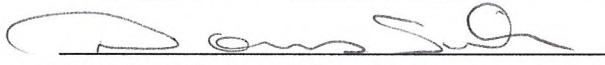
APN: _____

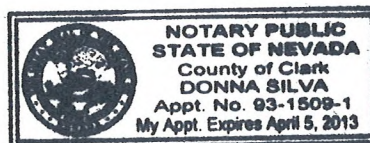
Signature of Property Owner:  Member Manager

Print Name: J. Dawson

Subscribed and sworn before me

This 8 day of June, 20 10


Notary Public in and for said County and State



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: _____

Project Address (Location) 616 S. Third Street, Las Vegas NV 89101

Project Name Statewide Bail Bonds Proposed Use Bail Bonds

Assessor's Parcel #(s) 139-34-311-068 Ward # 3

General Plan: existing C proposed _____ Zoning: existing C2 proposed _____

Commercial Square Footage _____ Floor Area Ratio _____

Gross Acres _____ Lots/Units _____ Density _____

Additional Information _____

PROPERTY OWNER Six Sixteen South 3rd St Contact J Dawson

Address 626 S Third Street Phone: 596-8022 Fax: _____

City Las Vegas State NV Zip 89101

E-mail Address _____

APPLICANT STATEWIDE BAIL BONDS Contact LINDA REECH

Address 616 S. 3RD ST Phone: 740-5555 Fax: 649-3900

City LAS VEGAS State NV Zip 89101

E-mail Address reechmachine@msn.com

REPRESENTATIVE LINDA REECH Contact LINDA REECH

Address 5083 SOUTHERN HILLS LANE Phone: 686-7700 Fax: _____

City LAS VEGAS State NV Zip 89113

E-mail Address reechmachine@msn.com

Property Owner Signature* J Dawson Member/Mgr _____

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

Print Name J Dawson

Subscribed and sworn before me

This 28 day of June, 2010

FOR DEPARTMENT USE ONLY

Case #	<u>SUP-38817</u>
Meeting Date:	<u>8-26-10</u>
Total Fee:	<u>1030</u>
Date Received:*	<u>8-7-8-10</u>
Received By:	<u>FS</u>

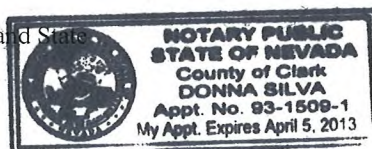
Notary Public in and for said County and State

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Revised 10/27/08

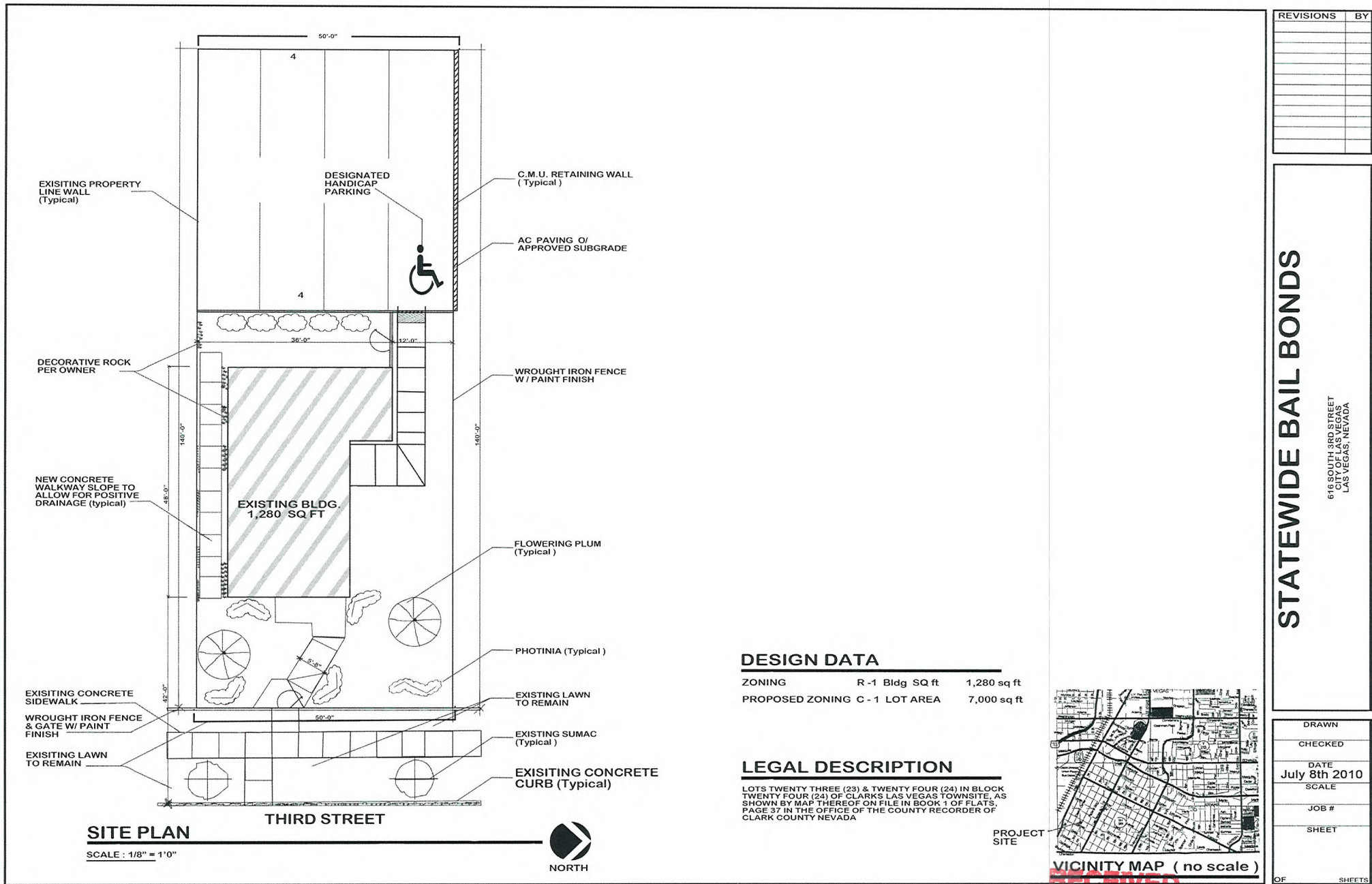
JUL 08 2010

City of Las Vegas



*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.

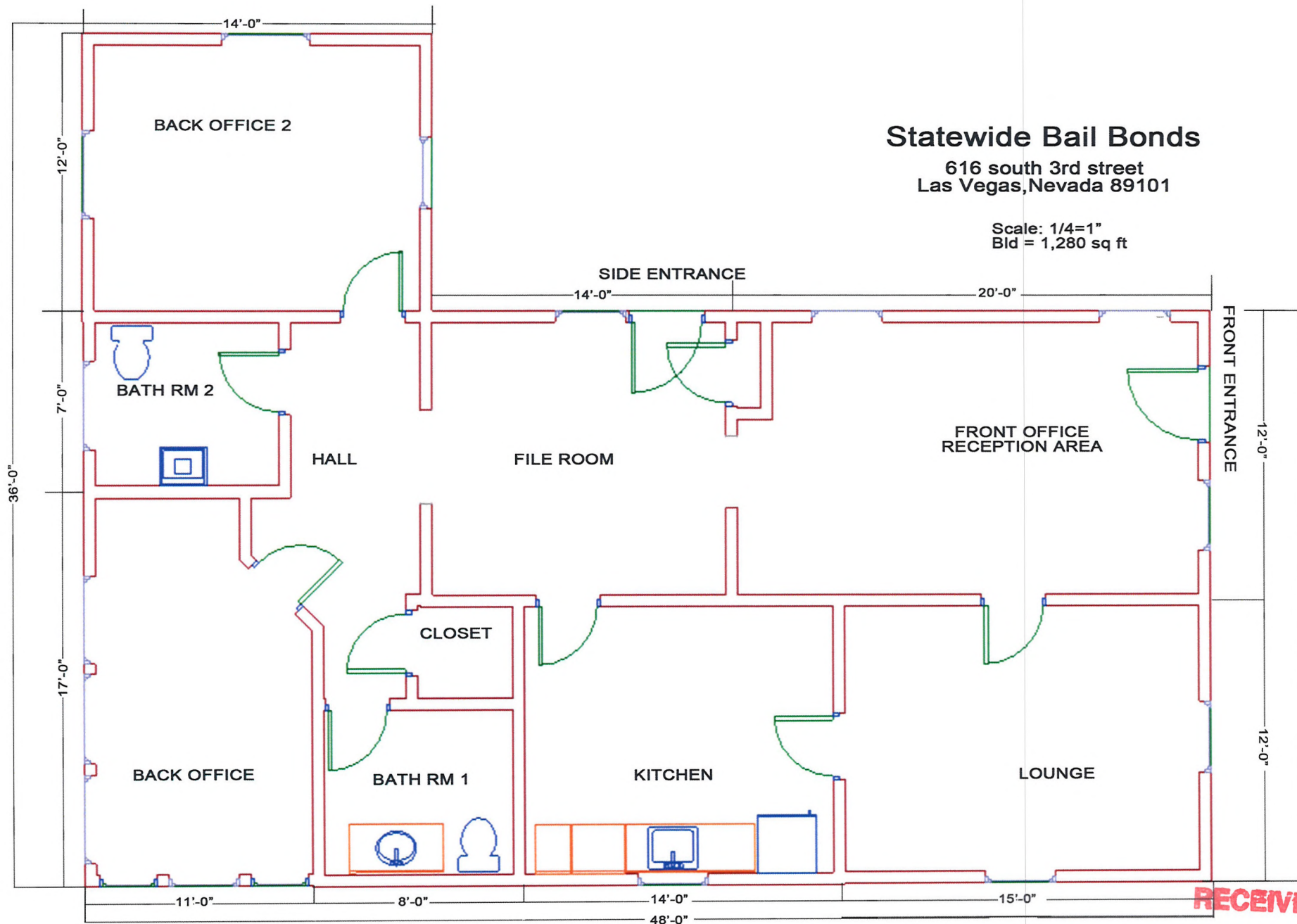
F:\depot\Application Packet\Application Form.pdf



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