



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-40777** APN: 138-18-821-009
 Name of Property Owner: Sunshine Holding Co, LLC
 Name of Applicant: 2ND ACD LAS VEGAS, LLC
 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

☒ 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: _____

Subscribed and sworn before me

This 25th day of Jan, 2011

Notary Public in and for said County and State





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: SPECIAL USE PERMIT
 Project Address (Location): 9484 W. LAKE MEAD BLVD, # 6
 Project Name: 2nd ACT LAS VEGAS LLC Proposed Use: _____
 Assessor's Parcel #(s): 13818821009 Ward #: 4-ANYAONY
 General Plan: existing S-C proposed _____ Zoning: existing A-C proposed TRIFT STORE
 Commercial Square Footage: _____ Floor Area Ratio: _____
 Gross Acres: _____ Lots/Units: _____ Density: _____
 Additional Information: _____

PROPERTY OWNER SUNSHINE HOLDING CO Contact: ROSEMARY SMOOKY
 Address: P.O. Box 7769 Phone: _____ Fax: _____
 City: TABEE CITY State: CA Zip: 96145
 E-mail Address: _____

APPLICANT PAMELA ALKSNE Contact: PAMELA ALKSNE
 Address: 9484 W. LAKE MEAD #6 Phone: (702) 645-7935 Fax: (702) 645-7935
 City: LAS VEGAS, NV State: NV Zip: 89134 (702) 645-7935
 E-mail Address: pjalksne@yahoo.com cell

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

Property Owner Signature* Rosemary Smoky

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

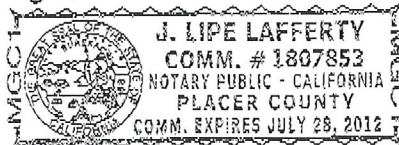
Print Name: Rosemary Smoky

Subscribed and sworn before me

This 21st day of Jan, 20 11

Notary Public in and for said County and State

Revised 10/27/08



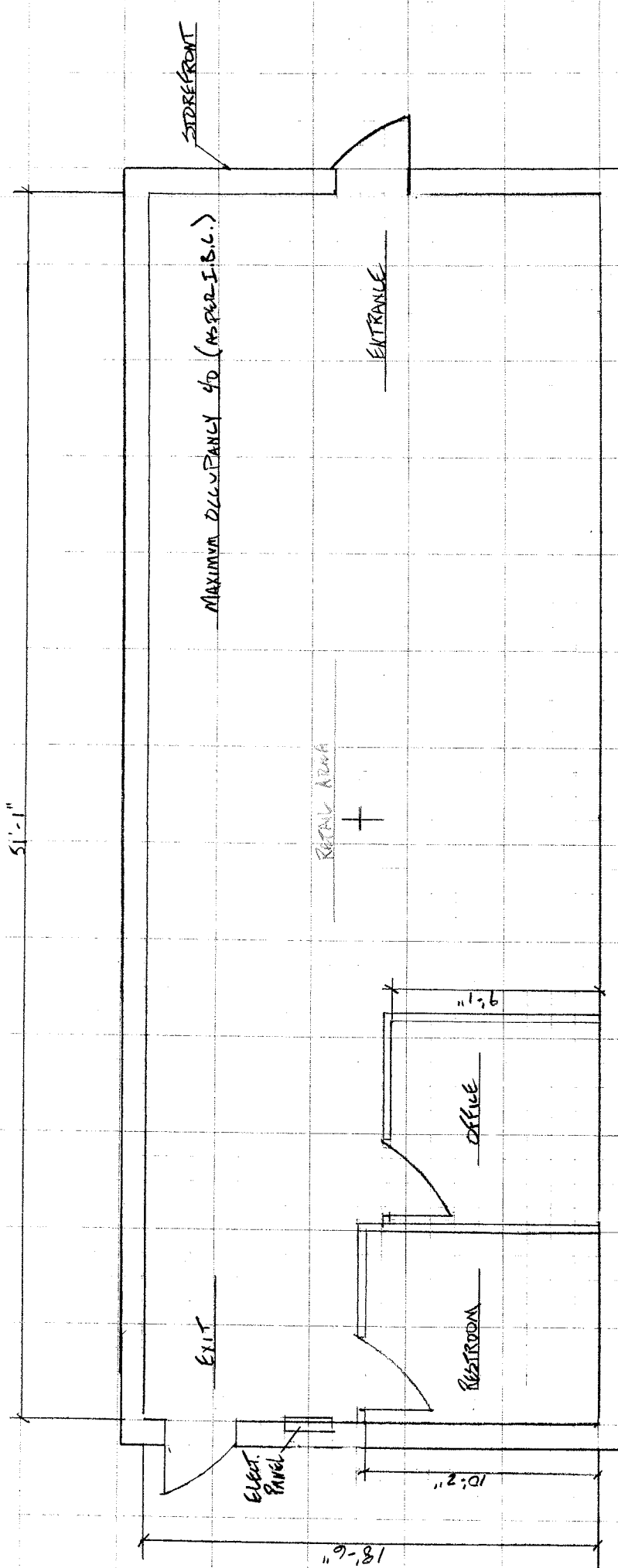
FOR DEPARTMENT USE ONLY

Case #	<u>SUP-40777</u>
Meeting Date:	<u>3-8-11</u>
Total Fee:	<u>\$1030.00</u>
Date Received:	<u>1-24-11</u>
Received By:	<u>JFm</u>

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

\\depot\Application Packets\Application Form.pdf

RECEIVED
 JAN 24 2011



RECEIVED
JAN 21 2011

PANGLA ALKSNE	RETAIL STORE
9484 W. LAKE MEAD BLVD.	A.C.
PERMITS: 1/4" SCALE	
MAX. OCCUPANCY: 40	A.D.A. COMPLIANCE
DESIGNED BY: M.C. BURGESS	