



**DEPARTMENT OF PLANNING**

**STATEMENT OF FINANCIAL INTEREST**

Case Number: **SUP-48861** APN: 162-03-110-036

Name of Property Owner: 3RD & Charleston, LLC

Name of Applicant: JOSHUA GLOVER / BLACK SPADE TATTOO

Name of Representative: SAME AS ABOVE

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): \_\_\_\_\_

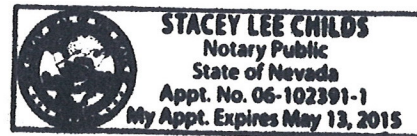
APN: \_\_\_\_\_

Signature of Property Owner: Cherise Holley, The Equity Group, Property Manager  
Agent for 3rd & Charleston, LLC  
Print Name: \_\_\_\_\_

Subscribed and sworn before me

This 28<sup>th</sup> day of MARCH, 2013

Stacey Lee Childs  
Notary Public in and for said County and State



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MAR 28 2013



DEPARTMENT OF PLANNING

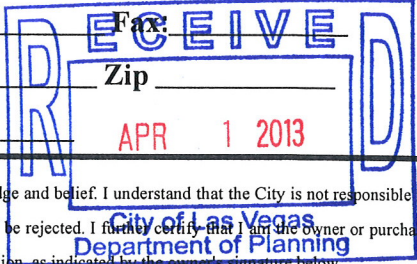
APPLICATION / PETITION FORM

Application/Petition For: SUP-TATTOO PARLOR
Project Address (Location) 1106 S. 3RD STREET LV, NV 89104
Project Name RED ELEPHANT Proposed Use
Assessor's Parcel #(s) 162-03-110-036 Ward #
General Plan: existing proposed Zoning: existing proposed
Commercial Square Footage Floor Area Ratio
Gross Acres Lots/Units Density
Additional Information

PROPERTY OWNER 3rd & Charleston, LLC Contact Cherise Holley, Property Mgr
Address 8367 W Flamingo Rd # 201 Phone: 630-3735 Fax: 795-5525
City LAS VEGAS, NV State NV Zip 89147
E-mail Address cholley@teglu.com

APPLICANT BLACK SPADE TATTOO Contact JOSHUA GLOVER
Address 124 S. 6TH ST SUITE #130 Phone: 702-413-7076 Fax:
City LAS VEGAS State NV Zip 89101
E-mail Address blackspadetattoo@gmail.com

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



I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies, false information or incomplete application may cause the application to be rejected. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

Property Owner Signature\* Cherise Holley
Print Name Cherise Holley
Subscribed and sworn before me
This 1st day of APRIL, 20 13
Stacey Lee Childs

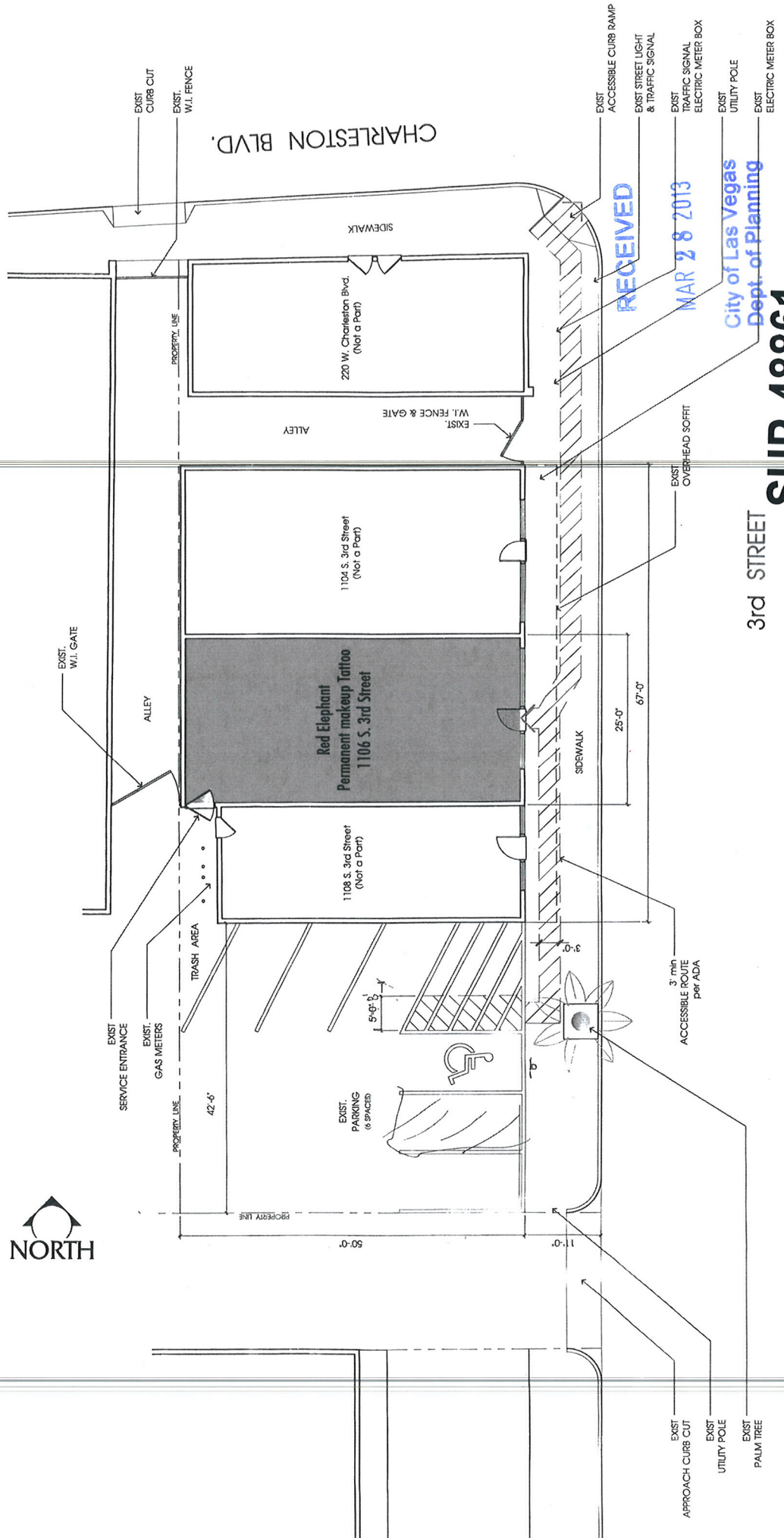
FOR DEPARTMENT USE ONLY
Case # SUP-48861
Meeting Date: 5/14/13
Total Fee: \$1030.00
Date Received:\* 4/1/13
Received By: [Signature]

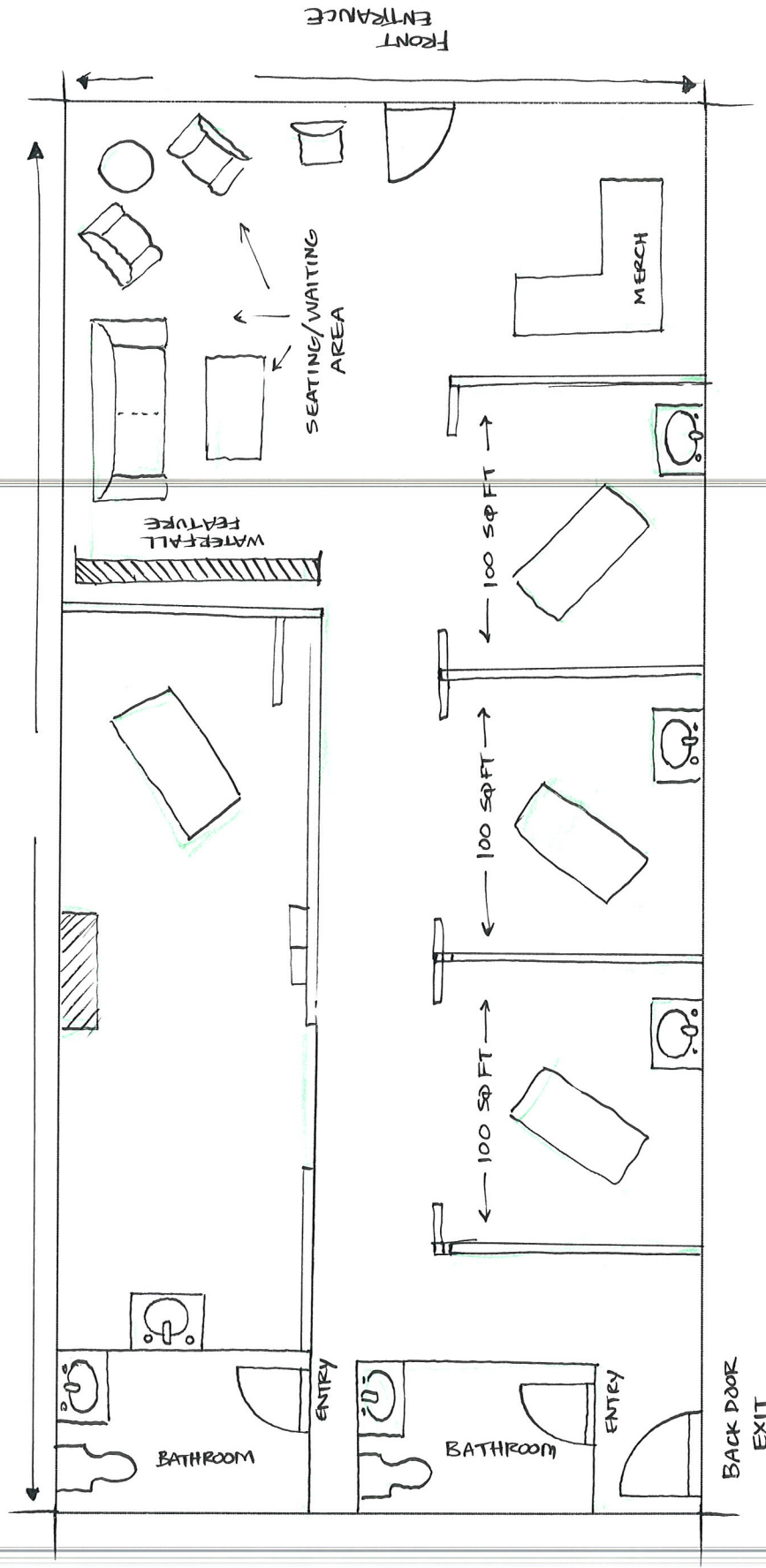
Notary Public in and for said County and State



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

# Site Plan & Project Data for Red Elephant Permanent Makeup Tattoo





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City of Las Vegas  
Dept. of Planning