



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-48805** APN: 138-34-717-007

Name of Property Owner: WEINGARTEN NOSTAT INC

Name of Applicant: TKO

Name of Representative: LJ CONSULTING. LLC

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: _____

RECEIVED

MAR 27 2013

Signature of Property Owner: _____

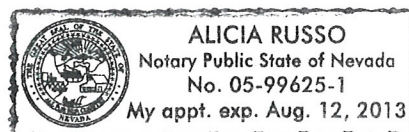
City of Las Vegas
Department of Planning

Print Name: Valerie Cochran, Regional Property Manager

Subscribed and sworn before me

This 20th day of February 2013

Alicia Russo
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Chase Drive Up ATM (SDR)
 Project Address (Location) 861 S. Rainbow Blvd. Las Vegas, NV, 89145
 Project Name Rainbow Plaza Proposed Use Drive-Up ATM
 Assessor's Parcel #(s) 138-34-717-007 Ward # _____
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER WEINGARTEN NOSTAT INC. Contact Valerie Cochran
 Address 860 S. Rancho Dr. Phone: 702-259-7910 Fax: 702-642-5673
 City Las Vegas State NV Zip 89106
 E-mail Address vcocoran

APPLICANT TKO Installations Contact Jeremiah Sherwood
 Address 1287 Kyle Rd Phone: (714) 353-5303 Fax: _____
 City Wauconda State IL Zip 60084
 E-mail Address jeremiah@tkosafe.com

REPRESENTATIVE LJ Consulting, LLC Contact Luis Flores Paz
 Address 10438 Sky Gate St Phone: (702) 287-1744 Fax: _____
 City Las Vegas State NV Zip 89178
 E-mail Address elarqui10@hotmail.com

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* [Signature]

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

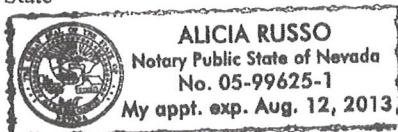
Print Name Valerie Cochran, Regional Property Manager

Subscribed and sworn before me

This 20th day of February, 20 13
Alicia Russo

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # SDR-48805
 Meeting Date: 5/14/13
 Total Fee: 1030.
 Date Received:* 3/27/13
 Received By: [Signature]

*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.

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

MAR 27 2013
 City of Las Vegas
 Department of Planning