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: _____

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MAR 2 7 2013
City of Las Vegas
Department of Planning

Signature of Property Owner: _____

Print Name: Valarie Cochran, Regional Property Manager

Subscribed and sworn before me

This 20th day of February 2013

_____

Notary Public in and for said County and State

ALICIA RUSSO
Notary Public State of Nevada
No. 05-99625-1
My appt. exp. Aug. 12, 2013

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** Valorie Cochran

Address 860 S. Rancho Dr. **Phone:** 702-259-7910 **Fax:** 702-642-5673

City Las Vegas **State** NV **Zip** 89106

E-mail Address vcochran

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* _____

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

Print Name Valorie Cochran, Regional Property Manager

Subscribed and sworn before me

This 20th day of February, 20 13.

_____

Notary Public in and for said County and State

ALICIA RUSSO
Notary Public State of Nevada
No. 05-99625-1
My appt. exp. Aug. 12, 2013

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:	

RECEIVED

*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.

MAR 27 2013

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City of Las Vegas
Department of Planning