



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-49574 APN: 139-34-111-036

Name of Property Owner: Schiff Enterprises

Name of Applicant: Arelni LLC

Name of Representative: Amanda E. Litt, Esq.

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: _____

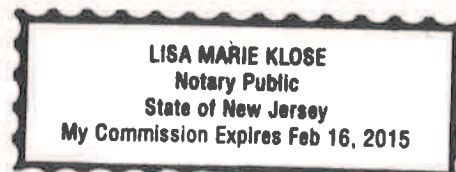
Signature of Property Owner: _____

Print Name: Abraham Schiff

Subscribed and sworn before me

This 15 day of May, 2013

Lisa Marie Klose
Notary Public in and for said County and State
State of New Jersey
County of Atlantic



Alameda Amendment Partial Statement of Financial Interest 04/11

PRJ-49314
05/29/13



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit: Beer/Wine/Cooler Off-Sale Establishment
 Project Address (Location): 21 Fremont Street
 Project Name: Viva Vegas Fremont 1 Proposed Use: Beer/Wine/Cooler
 Assessor's Parcel #(s): 139-34-111-036 Ward #: 3-Corbin
 General Plan: existing C proposed C Zoning: existing C2 proposed C2
 Commercial Square Footage: _____ Floor Area Ratio: _____
 Gross Acres: 0.07 Lots/Units: _____ Density: _____
 Additional Information: _____

PROPERTY OWNER: SCHIFF ENTERPRISES Contact: Robert Schiff
 Address: 1004 New Road Phone: (609) 407-2100 Fax: (609) 407-2893
 City: Northfield State: N.J. Zip: 08225-1661
 E-mail Address: rbobby1946@aol.com

APPLICANT: Arieli LLC Contact: Ariel Akerman
 Address: 2000 Las Vegas BLVD. S. #49 Phone: (702) 732-7702 Fax: (702) 732-2193
 City: Las Vegas State: Nevada Zip: 89101
 E-mail Address: ariakerman@aol.com

REPRESENTATIVE: Moran Law Firm LLC Contact: Amanda E. Litt Esq.
 Address: 630 S. 4th Street Phone: (702) 384-8424 Fax: (702) 384-8568
 City: Las Vegas State: Nevada Zip: 89101
 E-mail Address: A.Litt@MoranLawFirm.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 applications may cause the application to be rejected. I further certify that I am the owner or purchaser (or owner/builder) of the property involved in this application, or the owner's agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

Property Owner Signature: [Signature]
 Print Name: Robert Schiff

Subscribed and sworn before me
 This 23rd day of May, 2013
[Signature]

Notary Public in and for said County and State
 ROSEMARY A. GAZDAR
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 My Commission Expires June 30, 2015

FOR DEPARTMENT USE ONLY

Case #: **SUP-49574**
 Meeting Date: **07/09/13 PC**
 Total Fee: _____
 Date Received: _____
 Received By: _____

*The application will not be deemed complete until the submitted materials have been received by the Department of Planning for citizenship with applicable versions of the zoning Ordinance.

(Attach Application Packet Application Fees pdf)

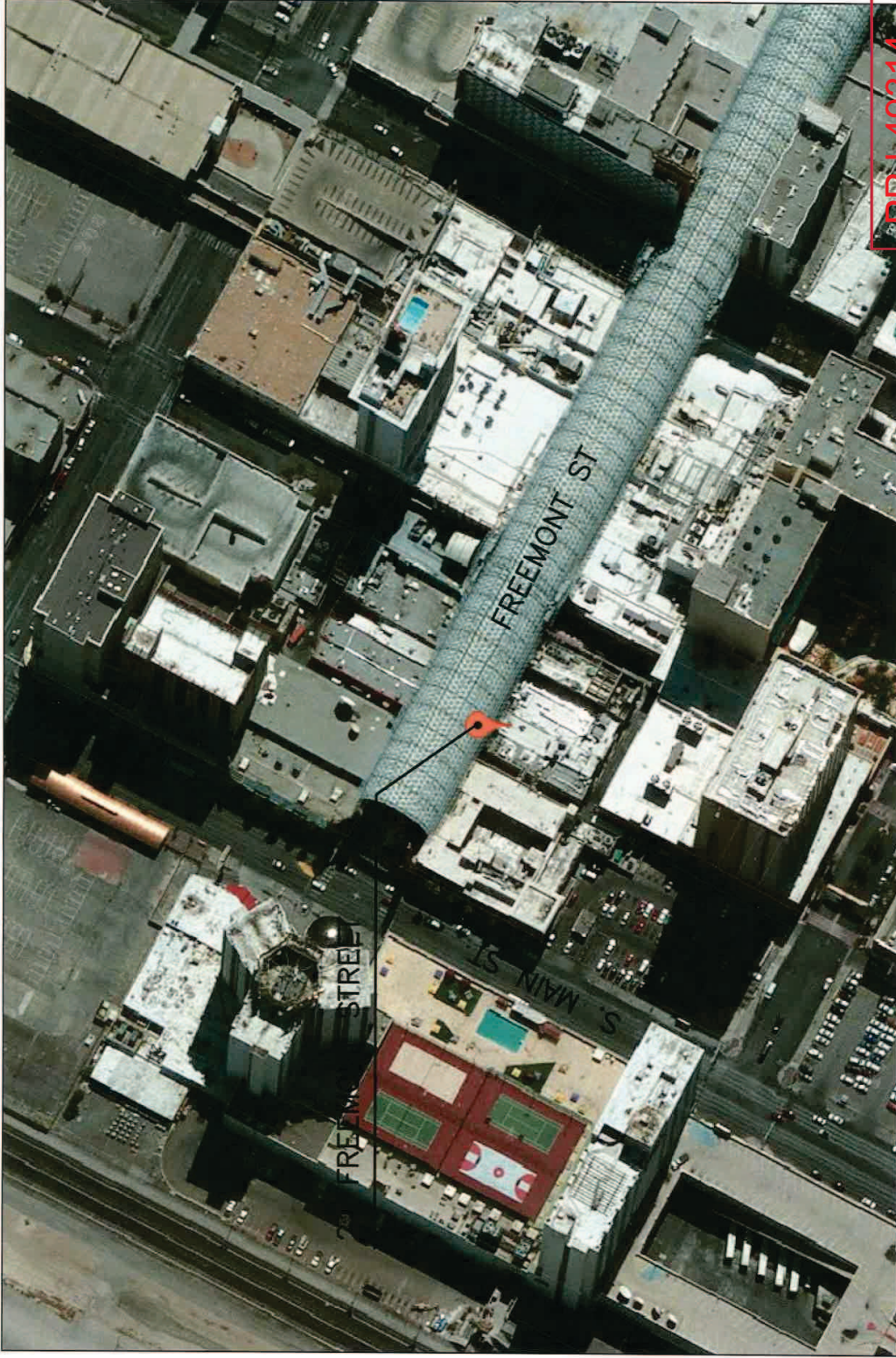
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05/29/13



SITE PLAN

NO SCALE



SITE PLAN

NO SCALE

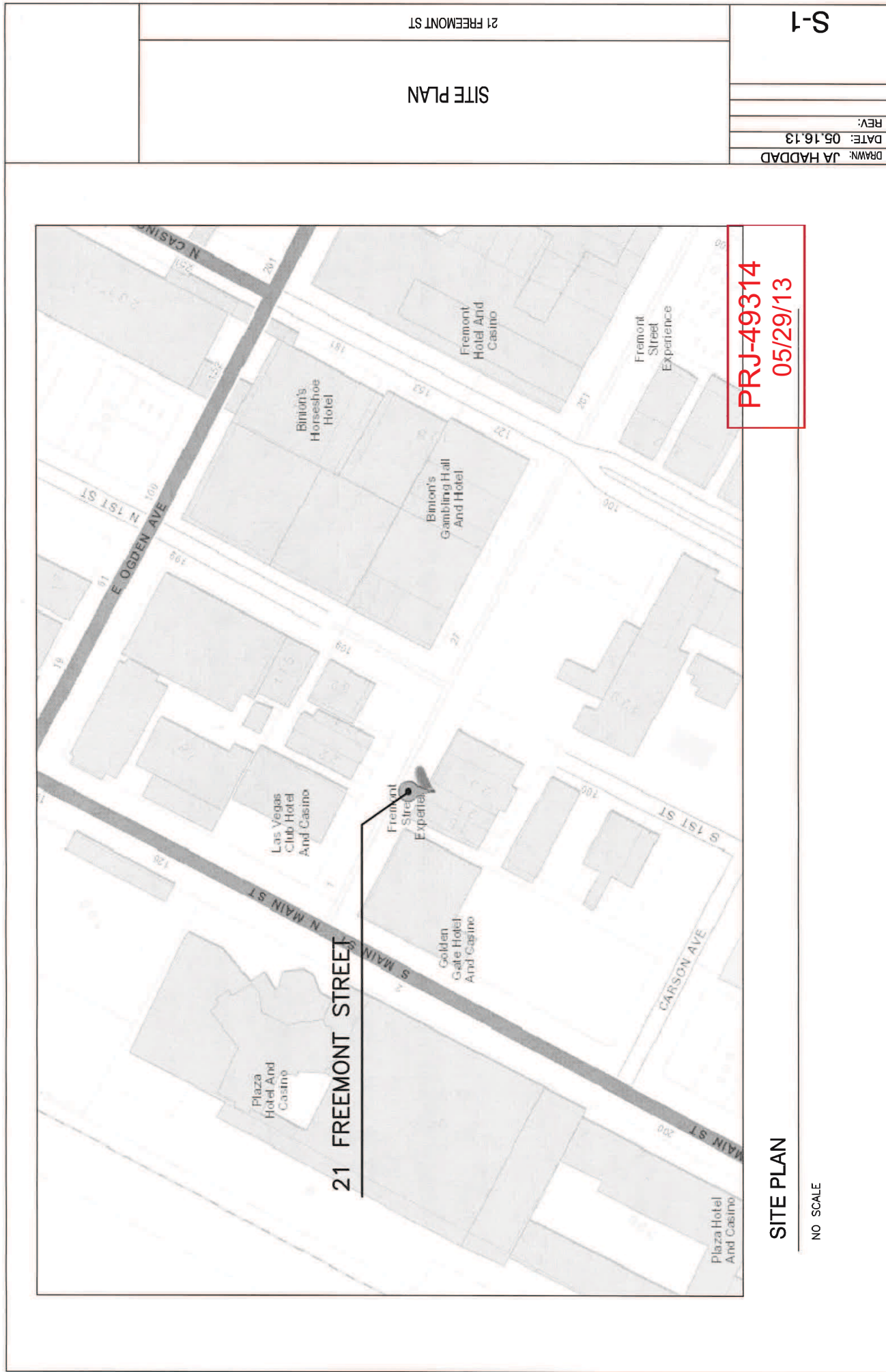
SITE PLAN

21 FREEMONT ST

S-1

DRAWN: JA HADDAD
DATE: 05.16.13
REV:

SUP-49574



PRJ-49314
05/29/13

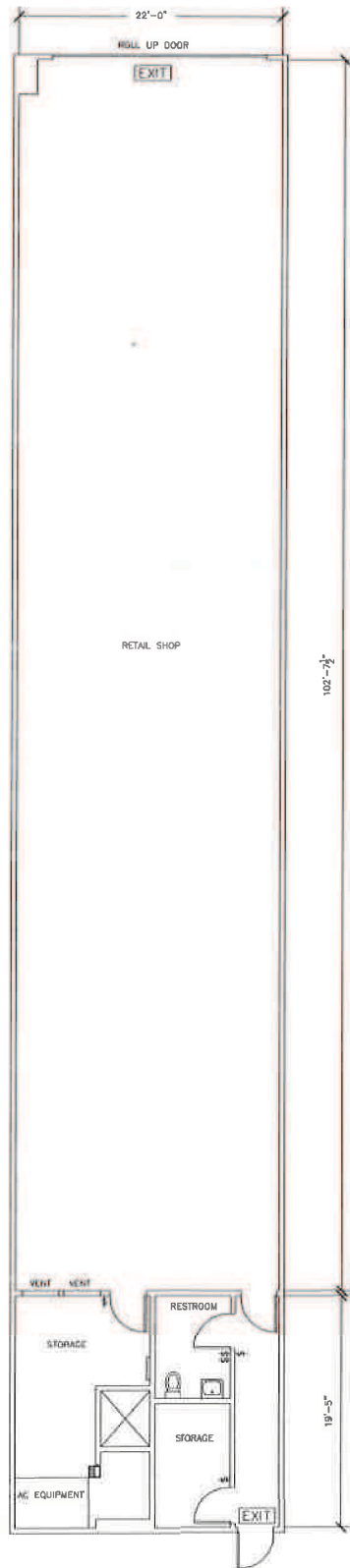
SITE PLAN

NO SCALE

DRAWN: JA HADDAD
DATE: 05.16.13
REV:

SITE PLAN

21 FREEMONT ST



A

FLOOR PLAN

SCALE: 1/4" = 1'-0"

PRJ-49314
05/29/13



DRAWN: JA HADDAD
DATE: 04.09.13
REV:

RETAIL SHOP

SUP-49574

A-1

FREEMONT STREET