



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-56641 APN: _____

Name of Property Owner: MOSAIC DEVELOPMENT Joseph Vranesh

Name of Applicant: EL CANELO RESTAURANT - MARISCOS SINABOA LLC

Name of Representative: ZELIA P. WATSON

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

[X] 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: _____

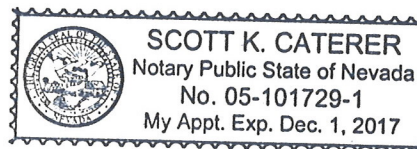
Signature of Property Owner: Joseph Vranesh

Print Name: Joseph VRANESH

Subscribed and sworn before me

This 22 day of OCT, 2014

[Signature] Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: YEsenia Felix Rodriguez
 Project Address (Location): 23 N. MOJAVE UNIT D
 Project Name: EL Canelo RESTAURANT Proposed Use _____
 Assessor's Parcel #(s): 13936810005 Ward # _____
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

Mojave Development Group

PROPERTY OWNER Joseph VRANESH Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

APPLICANT Yesenia Felix Rodriguez Contact _____
 Address 23 N. MOJAVE Phone: 702 767 2916 Fax: _____
 City LAS VEGAS State NV Zip _____
 E-mail Address _____

REPRESENTATIVE BETHA P. WATSON Contact _____
 Address 6138 Elderberry Wine Ave Phone: 702 431-7581 Fax: 702 431-7641
 City LAS VEGAS State NV Zip 89142
 E-mail Address DZTE22@AOL.COM

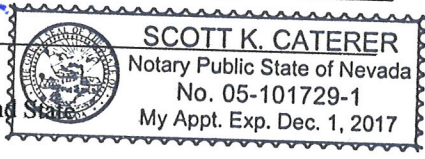
I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies, false information or incomplete application 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* Joseph Vranesh
 *An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
Print Name JOSEPH VRANESH

FOR DEPARTMENT USE ONLY

Case # SUP-56641
 Meeting Date: 12/09/14 PC
 Total Fee: \$ 1,280
 Date Received: 10/23/14
 Received By: _____

Subscribed and sworn before me
 This 22 day of Oct, 2014

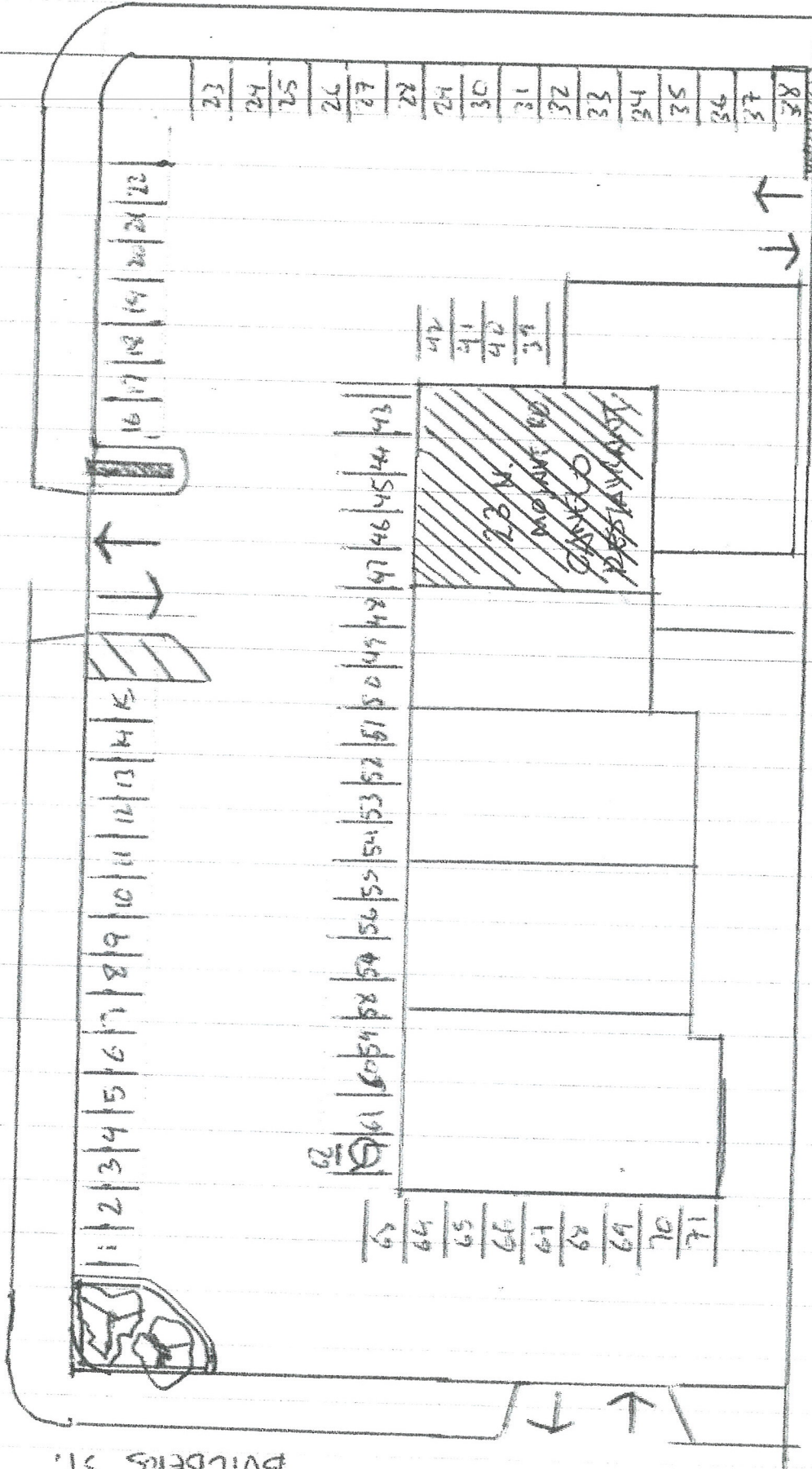


Notary Public in and for said County and State

*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.

MOJAVE RD.

CONTRACT ST.



BUILDERS ST.

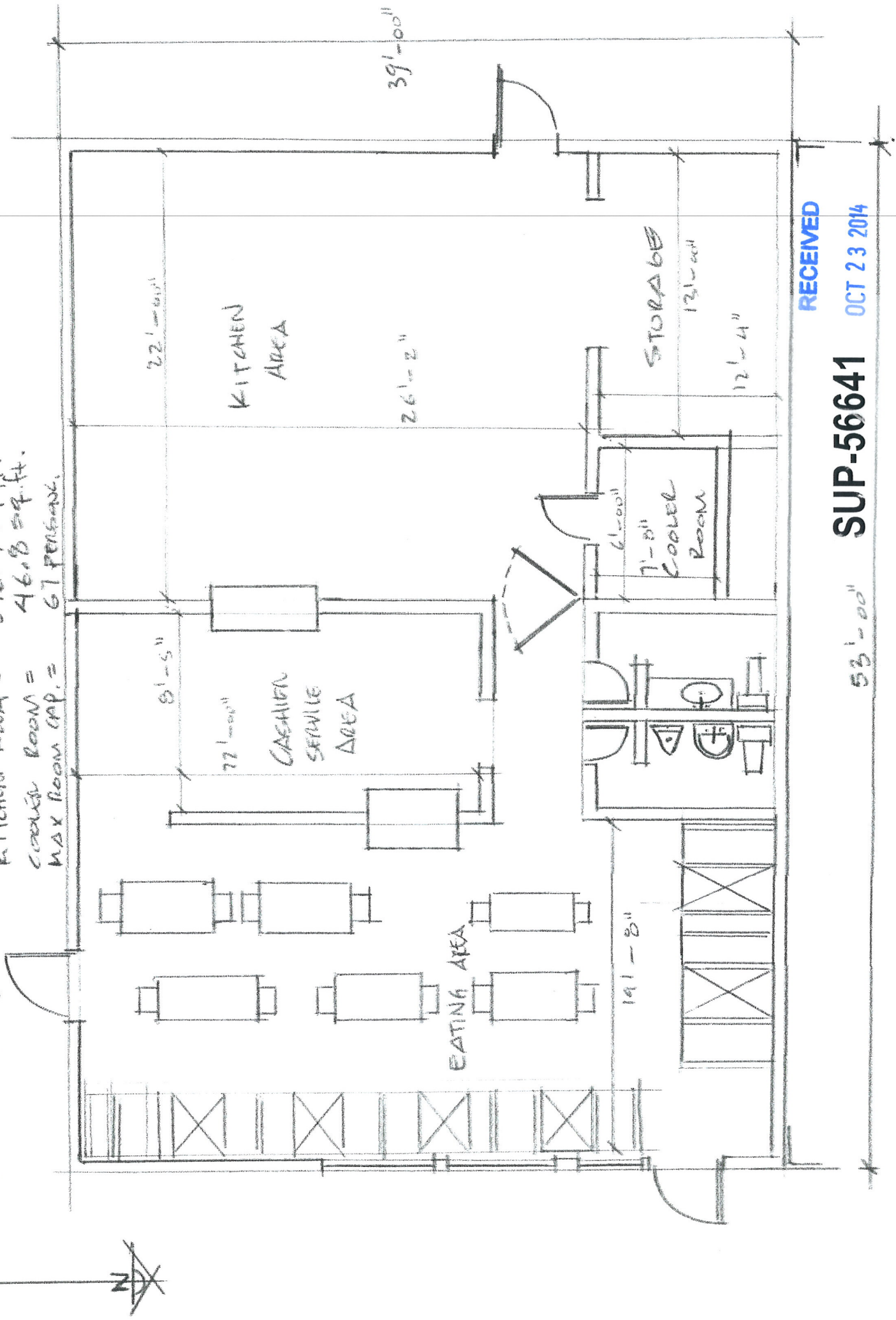
RECEIVED

OCT 23 2014

SUP-56641

23 N. MOJAVE Rd.
 LAS VEGAS NV 89101

BUILDING AREA = 2,062 sq. ft.
 EATING AREA = 772.2 sq. ft.
 KITCHEN AREA = 576.4 sq. ft.
 COOLER ROOM = 46.8 sq. ft.
 MAX ROOM CAP. = 67 PERSONS.



RECEIVED
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 OCT 23 2014

53'-00"