



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

EOT-57141

Case Number: 47009 APN: 138-03-602-018

Name of Property Owner: Investment Solutions Inc

Name of Applicant: THOMAS WHEELER

Name of Representative: DICK NELSON

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: _____

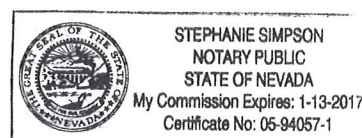
Signature of Property Owner: _____

Print Name: THOMAS J Wheeler Jr

Subscribed and sworn before me

This 8th day of December, 2014

Stephanie Simpson
Notary Public in and for said County and State



RECEIVED



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Extension of Time
 Project Address (Location) Red Couch & Balsam Street
 Project Name Kaboom Biting Academy Proposed Use _____
 Assessor's Parcel #(s) 138-03-602-018 Ward # _____
 General Plan: existing X proposed _____ Zoning: existing X proposed _____
 Commercial Square Footage 12,000 Floor Area Ratio _____
 Gross Acres 1.04 Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER Investment Solutions Contact Dirk Nelson
 Address 9075 W Diablo Drive #130 Phone: 702 358 6814 Fax: _____
 City Las Vegas State NV Zip 89148
 E-mail Address dirk@selfinsuredsolutions.com

APPLICANT Investment Solutions Contact TOM Wheeler
 Address 9075 W Diablo Drive #130 Phone: 702 358 6814 Fax: _____
 City Las Vegas State NV Zip 89148
 E-mail Address dirk@selfinsuredsolutions.com

REPRESENTATIVE Bridge Line Construction Services Contact Dirk Nelson
 Address 9075 W DIABLO DR #130 Phone: 702 358 6814 Fax: _____
 City Las Vegas State NV Zip 89148
 E-mail Address dirk@selfinsuredsolutions.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 TITANUS J. WHEELER JR

Subscribed and sworn before me

This 08th day of December, 20 14.

[Signature: Stephanie Simpson]

Notary Public in and for said County and State



STEPHANIE SIMPSON
 NOTARY PUBLIC
 STATE OF NEVADA
 My Commission Expires: 1-13-2017
 Certificate No: 05-94057-1

FOR DEPARTMENT USE ONLY

Case # EOT - 57141

Meeting Date: 2-10-15

Total Fee: \$300

Date Received: 12-9-14

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.