



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SUP-66838

Case Number: PRJ 66634 APN: 16302816001

Name of Property Owner: West Sahara Associates

Name of Applicant: KAI'S LASH AND FOOT SPA

Name of Representative: SHANNELE BAKER

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: John G. Busby

Print Name: John G. Busby MANAGER OF
W. S. MANAGEMENT, LLC the general
PARTNER OF WEST SAHARA ASSOCIATES
A CALIFORNIA LIMITED PARTNERSHIP

Subscribed and sworn before me

This _____ day of _____, 20____

Notary Public in and for said County and State

*See attached California
Notary Jurat*

PRJ-66634

GOVERNMENT CODE § 8202

Signature of Document Signer No. 1

State of California
County of Santa Barbara

(1) John G. Busby
(and (2) _____),
Name(s) of Signer(s)



Signature Leetia Anne Rosenberg
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

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Title or Type of Document: Statement of Financial Interest Document Date: 9-13-16
Number of Pages: 1 Signer(s) Other Than Named Above: _____

PRJ-66634
09/19/16

SUP-66838



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit
Project Address (Location): 634 W Sahara, Las Vegas, NV 89146
Project Name: Kai's Lash and Foot Spa Proposed Use: massage establish
Assessor's Parcel #(s): 16302816001 Ward #: 1
General Plan: existing MXU proposed N/A Zoning: existing C-1 proposed N/A
Commercial Square Footage: _____ Floor Area Ratio: _____
Gross Acres: _____ Lots/Units: _____ Density: _____
Additional Information: _____

PROPERTY OWNER: WEST SAHARA ASSOCIATES Contact: _____
A CALIFORNIA LIMITED PARTNERSHIP
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

APPLICANT: Kai's Lash and Foot Spa Contact: Shannelle Baker
Address: 2010 Orchard Valley Dr Phone: _____ Fax: _____
City: Las Vegas State: NV Zip: 89142
E-mail Address: Kaisfootspa@gmail.com

REPRESENTATIVE: Shannelle Baker Contact: _____
Address: 6485 Arbutus Hall Ct Phone: 702 372 9262 Fax: _____
City: Las Vegas, NV State: NV Zip: 89130
E-mail Address: themsbaker2011@gmail.com

Property Owner Signature: John G. Busby
* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Platted Maps.
Print Name: John G. Busby, Manager U.S.
MANAGEMENT, LLC the general partner of
Subscribed and sworn before me: WEST SAHARA ASSOCIATES
A CALIFORNIA LIMITED PARTNERSHIP
This _____ day of _____, 20____

Notary Public in and for said County and State
See attached California
Notary Jurat
Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	SUP-66838
Meeting Date:	
Total Fee:	
Date Received:*	
Received By:	

*The application will not be deemed complete until the submitted fees have been received by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

Depot Application Packet Application Form

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Barbara

Subscribed and sworn to (or affirmed) before me

on this 13th day of September, 2016
by _____ Date _____ Month _____ Year _____

(1) John G. Busby

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Cecilia Ramirez Rosenberg
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

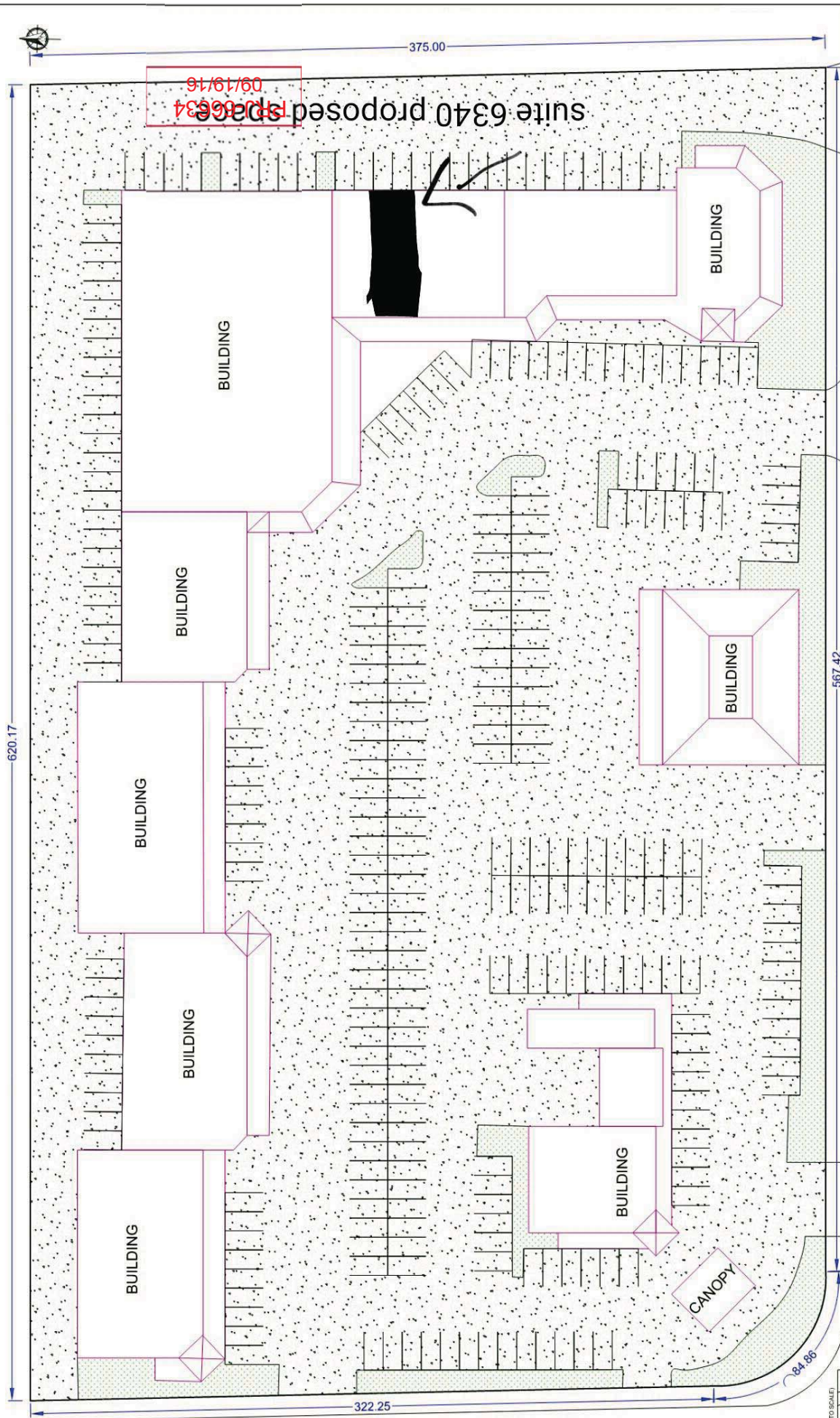
Title or Type of Document: Application/Petition Form Document Date: 9-13-16

Number of Pages: 2 Signer(s) Other Than Named Above: _____
(including notary page)

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S Torrey Pines Dr

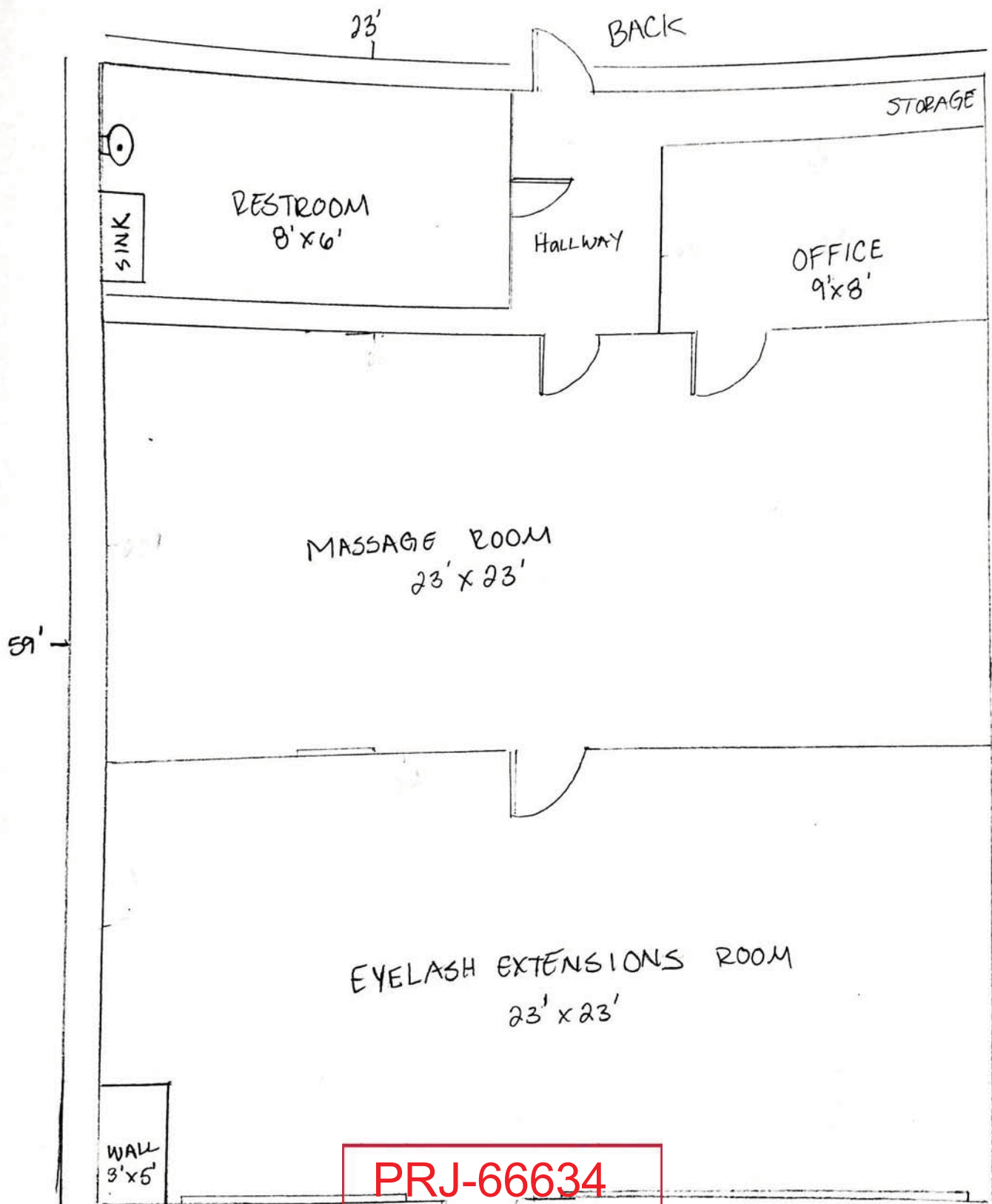
West Sahara Ave



PREPARED BY: J. L. BROWN
 CHECKED BY: J. L. BROWN
 DATE: 09/19/16
 PROJECT: SUP-66838
 SHEET: 1 OF 1

ADDRESS: 10000 W. Sahara Ave
 OWNER: J. L. BROWN ASSOCIATES
 PROJECT: SUP-66838
 SHEET: 1 OF 1

SUP-66838



PRJ-66634

09/19/16

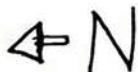
MAXIMUM OCCUPANCY
(PER U.B.C.)

125 PEOPLE MAX BLDG. OCCUPANCY

67 PEOPLE MAX ON SITE

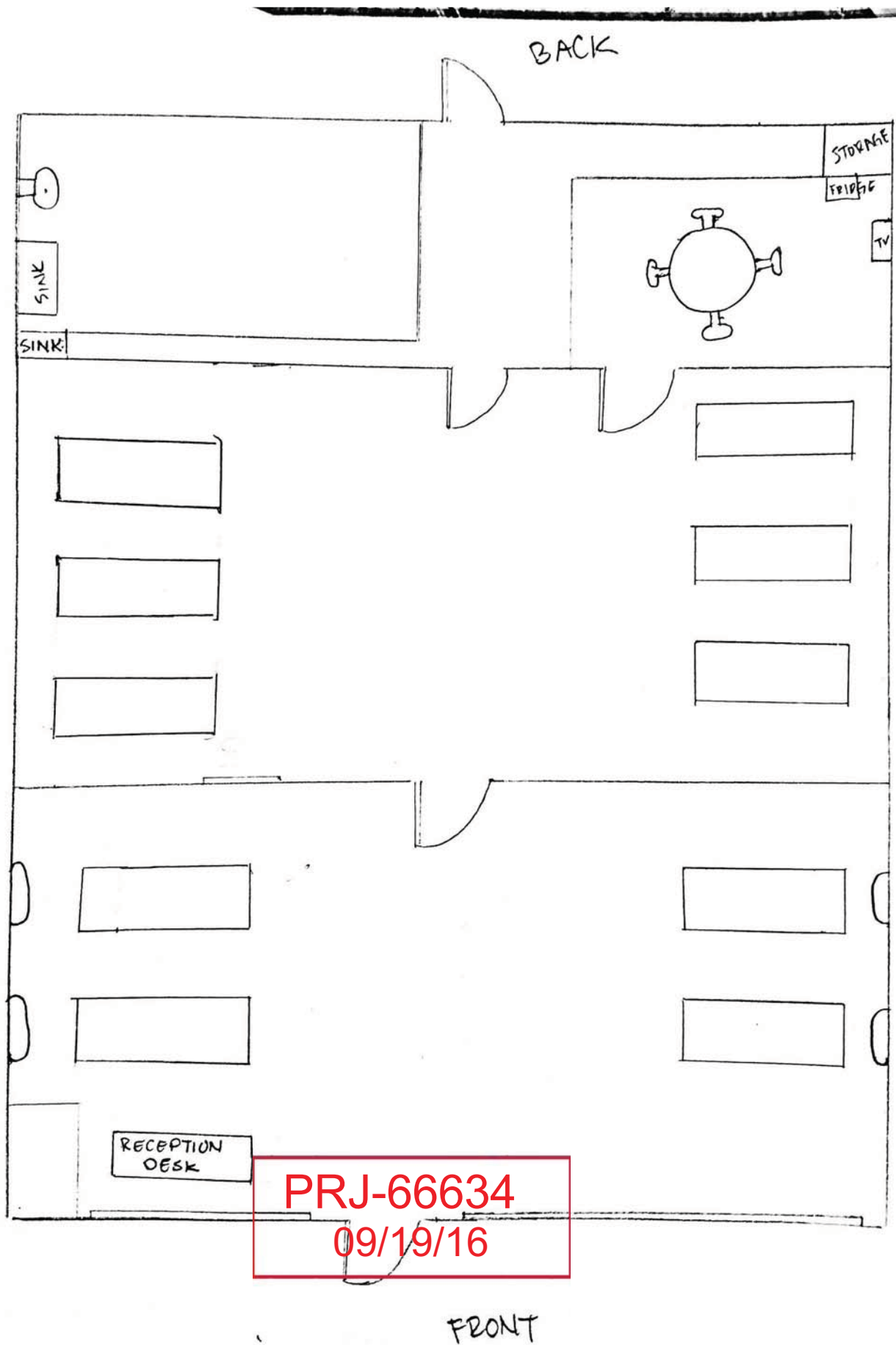
19 PEOPLE PER ACRE AVG FOR THE SITE

1350 sqft



FRONT

SUP-66838



SUP-66838