



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

TMP-67494

Case Number: PRJ- 67363 APN: 13934111013, 13934111027, 13934111028, 13934111031, 13934111032, 13934111033

Name of Property Owner: 18 Fremont Street Acquisition, LLC

Name of Applicant: 18 Fremont Street Acquisition, LLC

Name of Representative: _____

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

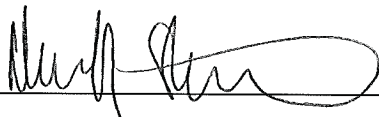
☒ No

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): _____

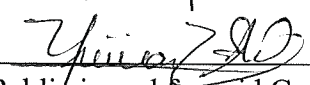
APN: _____

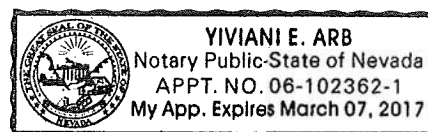
Signature of Property Owner: 

Print Name: Derek J. Stevens

Subscribed and sworn before me

This 30th day of September, 2016


Notary Public in and for said County and State



PRJ-67363
10/27/16



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Tentative map
 Project Address (Location) 18 Fremont Street, Las Vegas, NV 89101
 Project Name 18 Fremont Proposed Use Hotel/Casino
 Assessor's Parcel #(s) 13934111013,27,28,31,32,33 Ward # _____
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER 18 Fremont Acquisition, LLC Contact Susan Hitch
 Address 1 Fremont Street Phone: (702) 777-6956 Fax: _____
 City Las Vegas State NV Zip 89101
 E-mail Address susan.hitch@goldengatecasino.com

APPLICANT 18 Fremont Acquisition, LLC Contact Susan Hitch
 Address 1 Fremont Street Phone: (702) 777-6956 Fax: _____
 City Las Vegas State NV Zip 89101
 E-mail Address susan.hitch@goldengatecasino.com

REPRESENTATIVE Todd Kessler Contact _____
 Address P.O. Box 1570 Phone: 953-4320 Fax: 702-477-0045
 City Las Vegas State NV Zip 89125
 E-mail Address _____

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.

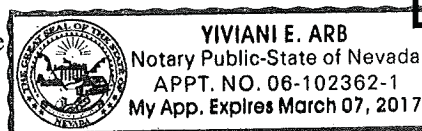
Property Owner Signature* [Signature]
 *An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
 Print Name Derek J. Stevens

Subscribed and sworn before me

This 30th day of September, 20 16.

[Signature]

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case # **TMP-67494**

Meeting Date:

Total Fee:

Date Received:*

Received By:

PRJ-67363

*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.

PRJ-67363
11/07/16

A4.21

10/25/2016

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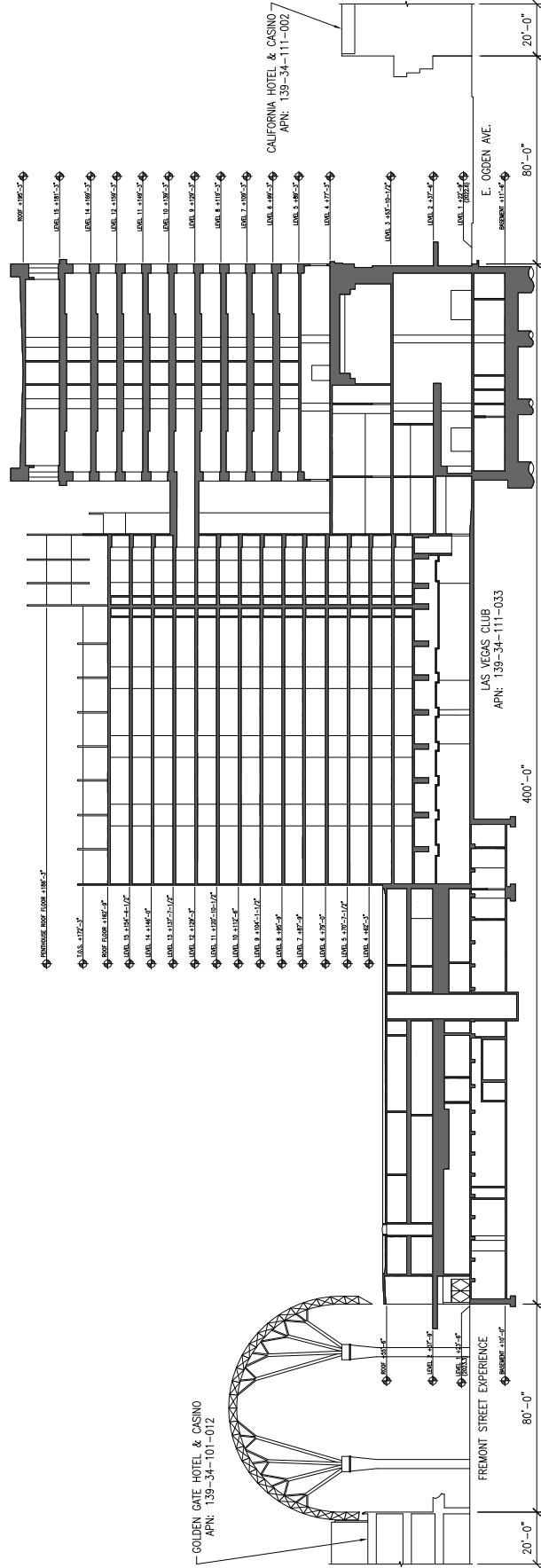
10/25/2016

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10/25/2016

TENTATIVE MAP - 10/25/2016



1 SECTION: LAS VEGAS CLUB NORTH/SOUTH
SCALE: 1/8"=1'-0"

TMP-67494 - REVISED

