



## DEPARTMENT OF PLANNING

### STATEMENT OF FINANCIAL INTEREST

**SDR-67466**

Case Number: PRJ-67301 APN: 139-34-101-012

Name of Property Owner: SAL SAGEV HOTEL CO INC.

Name of Applicant: GOLDEN GATE CASINO, LLC

Name of Representative: Todd Kessler

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: \_\_\_\_\_

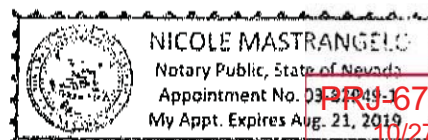
Signature of Property Owner: \_\_\_\_\_

Print Name: JAMES REYNOLDS

Subscribed and sworn before me

This 20<sup>th</sup> day of October, 2016

Nicole Mastrangelo  
Notary Public in and for said County and State





## DEPARTMENT OF PLANNING

### STATEMENT OF FINANCIAL INTEREST

**SDR-67466**

Case Number: PRJ-67301 APN: 139-34-111-035

Name of Property Owner: STOCKER HAROLD J & MAYME V TRUST

Name of Applicant: Golden Gate Casino, LLC

Name of Representative: Todd Kessler

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: \_\_\_\_\_

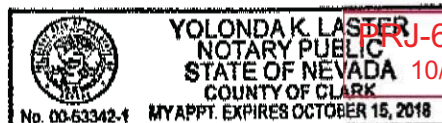
Signature of Property Owner: \_\_\_\_\_

Print Name: W. Owen Nitz

Subscribed and sworn before me

This 21 day of October, 2016

Yolonda K. Laster  
Notary Public in and for said County and State



PRJ-67301  
10/27/16



# DEPARTMENT OF PLANNING

## APPLICATION / PETITION FORM

Application/Petition For: SDR  
Project Address (Location) 1 Fremont Street  
Project Name Golden Gate Expansion Proposed Use \_\_\_\_\_  
Assessor's Parcel #(s) 139-34-101-012 Ward # 3- Coffin  
General Plan: existing \_\_\_\_\_ proposed \_\_\_\_\_ Zoning: existing \_\_\_\_\_ proposed \_\_\_\_\_  
Commercial Square Footage \_\_\_\_\_ Floor Area Ratio \_\_\_\_\_  
Gross Acres 1.29 Lots/Units \_\_\_\_\_ Density \_\_\_\_\_  
Additional Information \_\_\_\_\_

PROPERTY OWNER SAL SAGEV HOTEL CO INC. Contact James Reynolds  
Address 122 Berner Dr Phone: 7025212190 Fax: \_\_\_\_\_  
City Las Vegas State NV Zip 89138  
E-mail Address jagre@mac.com

APPLICANT GOLDEN GATE CASINO, LLC Contact Susan Hitch  
Address 1 Fremont Street Phone: 7023851906 Fax: \_\_\_\_\_  
City Las Vegas State NV Zip 89101  
E-mail Address susan.hitch@goldengatecasino.com

REPRESENTATIVE Todd Kessler Contact \_\_\_\_\_  
Address PO Box 1570 Phone: 7028534320 Fax: 7024770045  
City Las Vegas State NV Zip 89125  
E-mail Address Todd@rgglv.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\* James Reynolds

\* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name JAMES REYNOLDS

Subscribed and sworn before me

This 20<sup>th</sup> day of October, 2016

Nicole Mastrangelo

Notary Public in and for said County and State



NICOLE MASTRANGELO  
Notary Public, State of Nevada  
Appointment No. 03-82949-1  
My Appt. Expires Aug. 21, 2019

### FOR DEPARTMENT USE ONLY

Case # **SDR-67466**

Meeting Date:

Total Fee:

Date Received:\*

Received By:

**PR-67301**  
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.



# DEPARTMENT OF PLANNING

## APPLICATION / PETITION FORM

Application/Petition For: SDR  
 Project Address (Location) 15 Fremont Street  
 Project Name Golden Gate Expansion Proposed Use \_\_\_\_\_  
 Assessor's Parcel #(s) 139-34-111-035 Ward # 3-Coffin  
 General Plan: existing \_\_\_\_\_ proposed \_\_\_\_\_ Zoning: existing C-2 proposed C-2  
 Commercial Square Footage \_\_\_\_\_ Floor Area Ratio \_\_\_\_\_  
 Gross Acres 0.07 Lots/Units \_\_\_\_\_ Density \_\_\_\_\_  
 Additional Information If alley vacation is approved please transfer the  
 Easterly 1/2 thereof to the Harold J. & Mayme V. Stocker Trust

PROPERTY OWNER Stocker Harold J & Mayme V True Contact Owen or Stacey Nitz  
 Address 15 Fremont Street Phone: 7024744004 Fax: \_\_\_\_\_  
 City Las Vegas State NV Zip 89101  
 E-mail Address owen@nwhltd.com

APPLICANT Golden Gate Casino, LLC Contact Susan Hitch  
 Address 1 Fremont Street Phone: 7027776912 Fax: 702  
 City Las Vegas State NV Zip 89101  
 E-mail Address susan.hitch@goldengatecasino.com

REPRESENTATIVE Todd Kessler Contact \_\_\_\_\_  
 Address PO Box 1570 Phone: 7029534320 Fax: 7024770045  
 City Las Vegas State NV Zip 89125  
 E-mail Address Todd@rgglv.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\* \_\_\_\_\_

\* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name W. Owen Nitz

Subscribed and sworn before me

This 21 day of October, 2016.

Yolanda K Laster

Notary Public in and for said County and State



YOLANDA K. LASTER  
 NOTARY PUBLIC  
 STATE OF NEVADA  
 COUNTY OF CLARK

No. 00-63342-1 MY APPT. EXPIRES OCTOBER 15, 2018

Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SDR-67466**

Meeting Date: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Date Received:\*

Received By: \_\_\_\_\_

\*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning in compliance with applicable sections of the Zoning Ordinance.

PR-57301  
 10/27/16