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: James Reynolds

Print Name: JAMES REYNOLDS

Subscribed and sworn before me

This 20th day of October, 2016

Notary Public in and for said County and State

NICOLE MASTRANGELO
Notary Public, State of Nevada
Appointment No. 03-[illegible]
My Appt. Expires Aug. 21, 2019

PRJ-67301
10/27/16

Revised 03/28/16

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

_____

Notary Public in and for said County and State

YOLONDA K. LASTER
NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF CLARK
No. 00-63342-1 MY APPT. EXPIRES OCTOBER 15, 2018

PRJ-67301
10/27/16

Revised 03/28/16

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 Berneri Dr **Phone:** 7025212190 **Fax:** _____

City Las Vegas **State** NV **Zip** 89138

E-mail Address jagrre@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:** 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 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 purch (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 JAMES REYNOLDS

Subscribed and sworn before me

This 20th day of October, 20 16.

_____

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:	

PRJ-67301
10/27/16

*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.

Revised 03/28/16

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 Trus **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, 20 16.

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

PRJ-67301
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