



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-69674** APN: 139-34-510-024

Name of Property Owner: HS Family Limited Partnership

Name of Applicant: Fremont Food Emporium

Name of Representative: Kaempfer Crowell - Stephanie Allen

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: Jerome L. Blot, manager

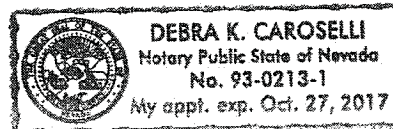
Print Name: Jerome L. Blot

Subscribed and sworn before me

This 22 day of March, 2017

Debra K. Caroselli

Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Special Use Permit for Tavern
Special Use Permit for Tavern Limited
Site Development Plan Review

Application/Petition For: _____
 Project Address (Location) 316 Fremont Street
 Project Name Fremont Food Emporium Proposed Use Tavern and Retail Food
 Assessor's Parcel #(s) 139-34-510-024 Ward # Weekly
 General Plan: existing _____ proposed N/A Zoning: existing C-2 proposed N/A
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres .22 +/- Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER	<u>HS Family Limited Partnership</u>	Contact	<u>N/A</u>
Address	<u>300 S. 4th Street, #701</u>	Phone:	<u>N/A</u>
City	<u>Las Vegas</u>	Fax:	<u>N/A</u>
E-mail Address	<u>N/A</u>	State	<u>NV</u>
		Zip	<u>89101</u>

APPLICANT	<u>Fremont Food Emporium</u>	Contact	<u>Michael Viellion</u>
Address	<u>6671 Schuster Street</u>	Phone:	<u>N/A</u>
City	<u>Las Vegas</u>	Fax:	<u>N/A</u>
E-mail Address	<u>N/A</u>	State	<u>NV</u>
		Zip	<u>89118</u>

REPRESENTATIVE	<u>Kaempfer Crowell</u>	Contact	<u>Stephanie Allen</u>
Address	<u>1980 Festival Plaza Drive</u>	Phone:	<u>702-792-7000</u>
City	<u>Las Vegas</u>	Fax:	<u>702-796-7181</u>
E-mail Address	<u>sha@kcnvlaw.com</u>	State	<u>NV</u>
		Zip	<u>89135</u>

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.

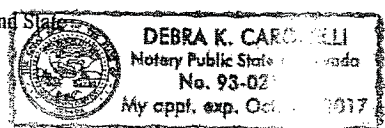
Property Owner Signature* Jerome L. Blot, Manager

Print Name Jerome L. Blot

Subscribed and sworn before me

This 22 day of March, 2017
Debra K. Caroselli

Notary Public in and for said County and State



Revised 10/27/08

Case #	SUP-69674
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 for consistency with applicable sections of the Zoning Ordinance.
 filedept\Application Packet\Application Form.pdf

PRJ-69516
03/27/17

HS FAMILY LIMITED PARTNERSHIP

Q New Search

Printer Friendly

\$ Calculate List Fees

Business Entity Information			
Status:	Active	File Date:	11/15/2002
Type:	Domestic Limited Partnership	Entity Number:	LP2171-2002
Qualifying State:	NV	List of Officers Due:	11/30/2017
Managed By:		Expiration Date:	11/15/2052
NV Business ID:	NV20021190356	Business License Exp:	11/30/2017

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	JEROME L. BLUT, CHARTERED	Address 1:	300 S FOURTH ST STE 701
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89101
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

View all business entities under this registered agent

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0

No stock records found for this company

- Officers <input type="checkbox"/> Include Inactive Officers			
General Partner - SCHMIDT FREMONT EXPERIENCE LLC			
Address 1:	300 S. 4TH STREET, SUITE 701, C/O JEROME L. BLUT	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89101	Country:	USA
Status:	Active	Email:	

- Actions\Amendments	
Click here to view 17 actions\amendments associated with this company	

SUP-69674

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