



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SUP-70205

Case Number: PRJ-70183 APN: _____

Name of Property Owner: ^{Hooman} ~~Hoam~~ Dayani

Name of Applicant: Body Therapies of Nevada LLC

Name of Representative: Gerson Vargas

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: _____

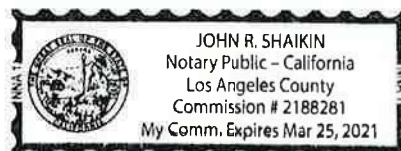
Signature of Property Owner: [Handwritten Signature]

Print Name: Hooman Dayani

Subscribed and sworn before me

This 25TH day of April, 2017

[Handwritten Signature]
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Body Therapies of Nevada LLC, dba Structura Body Therapies
Project Address (Location) 7830 W. Ann Road, Suite #140, Las Vegas, NV 89149
Project Name PRJ - 70183 Proposed Use Massage Establishment
Assessor's Parcel #(s) 125-28-818-007 Ward # 6-Ross
General Plan: existing proposed Zoning: existing proposed
Commercial Square Footage 1361 Floor Area Ratio
Gross Acres Lots/Units Density
Additional Information Requesting Special Use Permit for Massage Establishment in above address

PROPERTY OWNER Hooman Dayani Manager Contact
Address 4751 Wilshire Blvd #203 Phone: (323) 658-1184 Fax: (323) 658-6512
City Los Angeles State CA Zip 89169
E-mail Address hdayani@dayanipartners.com

APPLICANT Body Therapies of Nevada LLC Contact Gerson Vargas
Address 2702 Tropical Sands Avenue Phone: (702) 838-3587 Fax:
City N. Las Vegas State NV Zip 89031
E-mail Address gusvideos@yahoo.com

REPRESENTATIVE Contact
Address Phone: Fax:
City State Zip
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 trustee 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 Hooman Dayani

Subscribed and sworn before me

This 25th day of April, 2017 [Signature]

Notary Public in and for said County and State

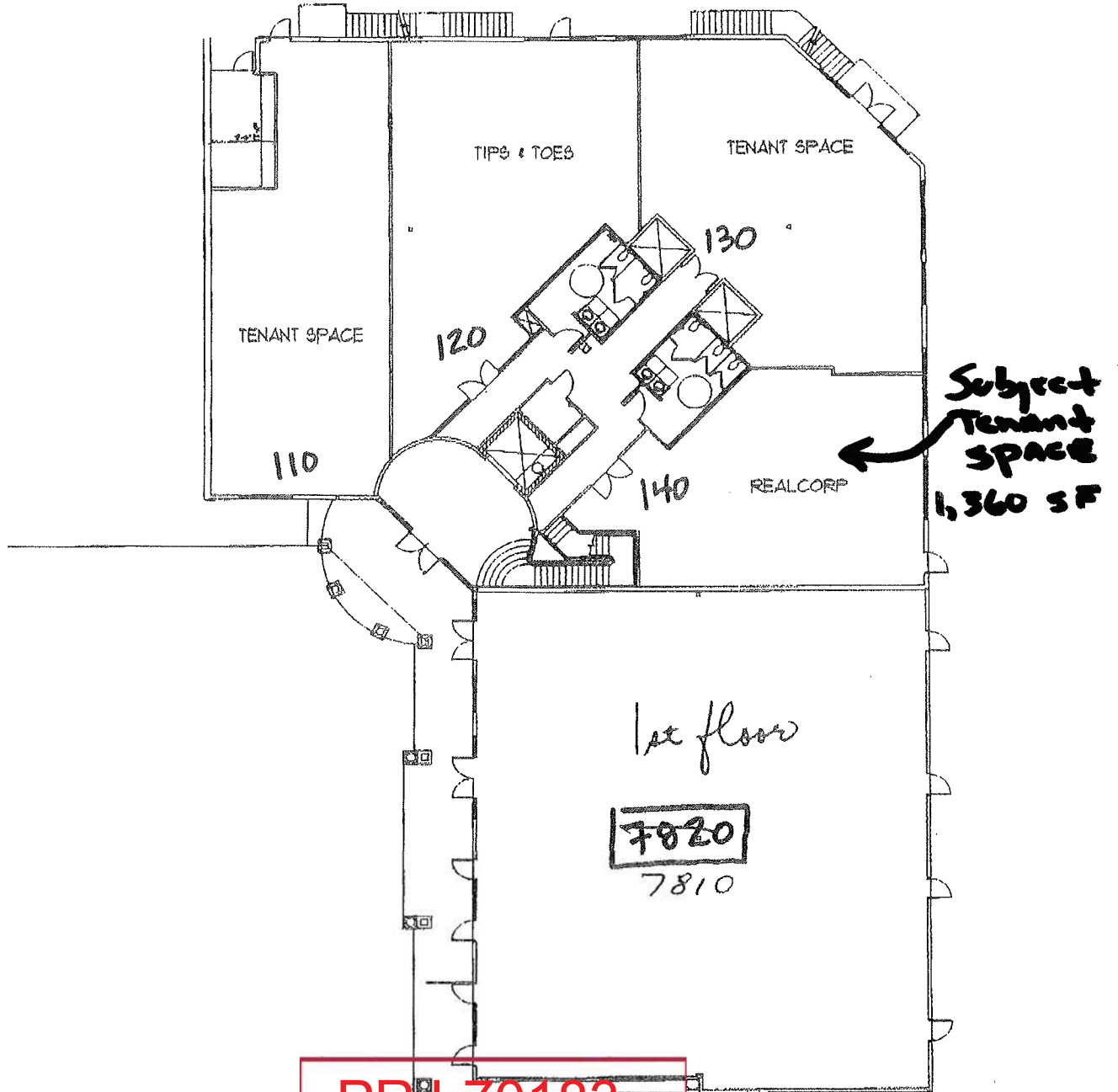


FOR DEPARTMENT USE ONLY

Case # SUP-70205
Meeting Date:
Total Fee:
Date Received: *
Received By:

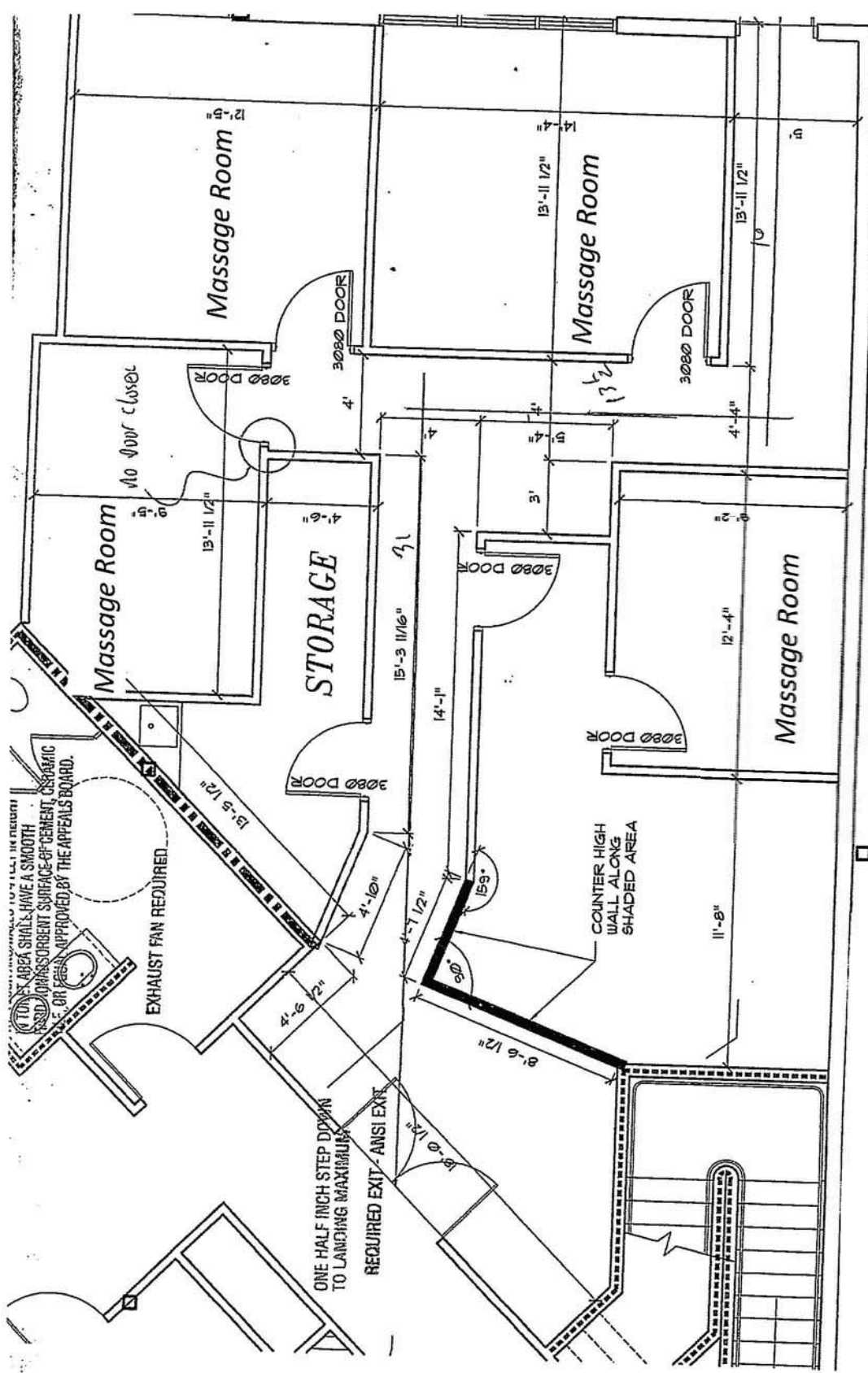
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance. PRJ-70183 04/26/17

7830 W. ANN RD. 1ST FLOOR



PRJ-70183
04/26/17

SUP-70205



FLOOR PLAN
PRJ-70183
 SCALE: 1/4" = 04/26/17

SUP-70205