



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

RECEIVED
JAN 15 2013

Case Number: SUP-48036 APN: 13836406006

Name of Property Owner: CHARLESTON MARKETPLACE MALCAI

Name of Applicant: HOOKAH MASTER'S LOUNGE

Name of Representative: SARKIS ARSHAKUNI

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: _____

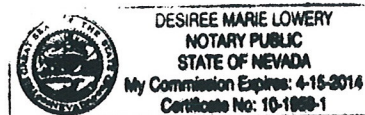
Signature of Property Owner: Masao Ishihama

Print Name: MASAO ISHIHAMA

Subscribed and sworn before me

This 15 day of JANUARY, 20 13

Desiree Lowery
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SUPPER CLUB
 Project Address (Location) 5900 W CHARLESTON BLVD #8
 Project Name HOOKAH MASTER'S LOUNGE Proposed Use SUPPER CLUB
 Assessor's Parcel #(s) 13836406006 Ward # 1 - Tarkanian
 General Plan: existing _____ proposed _____ Zoning: existing C-1 proposed C-1
 Commercial Square Footage 5,775 Floor Area Ratio RECEIVED
 Gross Acres 2.12 Lots/Units _____ Density _____
 Additional Information _____

JAN 15 2013

PROPERTY OWNER Charleston Marketplace Malcai Contact _____
 Address PO BOX 70310 Phone: _____ Fax: _____
 City PASADENA State CA Zip 91117-7310
 E-mail Address _____

APPLICANT HOOKAH MASTER'S LOUNGE Contact SARKIS ARSHAKUNI
 Address 5900 W CHARLESTON BLVD #8 Phone: (702) 776-8000 Fax: _____
 City LAS VEGAS State NV Zip 89146
 E-mail Address SARKIS@HOOKAHMASTERSLOUNGE.COM

REPRESENTATIVE SARKIS ARSHAKUNI Contact _____
 Address 5900 W CHARLESTON BLVD #8 Phone: (702) 302-1317 Fax: _____
 City LAS VEGAS State NV Zip 89146
 E-mail Address SARKIS@HOOKAHMASTERSLOUNGE.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* Masao Johikama

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

Print Name MASAO JOHIKAMA

Subscribed and sworn before me

This 15 day of JANUARY, 20 13.
Desiree Lowery

Notary Public in and for said County and State



DESIREE MARIE LOWERY
 NOTARY PUBLIC
 STATE OF NEVADA
 My Commission Expires: 4-15-2014
 Certificate No: 10-1888-1

FOR DEPARTMENT USE ONLY

Case # SUP-48036

Meeting Date: 3/12/2013

Total Fee: 1280.00

Date Received: 1/15/2013

Received By: [Signature]

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.