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 Ishikawa

Print Name: MASAO ISHIKAWA

Subscribed and sworn before me

This 15 day of JANUARY, 2013

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: 10-1989-1

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 Ishihama

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

Print Name MASAO ISHIHAMA

Subscribed and sworn before me

This 15 day of January, 20 13.

Deanee 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: 10-1969-1

FOR DEPARTMENT USE ONLY

Case #	SUP-48036
Meeting Date:	3/12/2013
Total Fee:	1280.00
Date Received:*	1/15/2013
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.