



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-73297** APN: 139-33-610-022

Name of Property Owner: WMCV Phase 3 SPE, LLC

Name of Applicant: Same as Owner

Name of Representative: Kim Rieck

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: _____

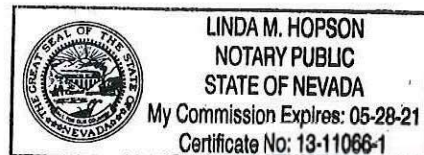
Signature of Property Owner: 

Print Name: Kim Rieck

Subscribed and sworn before me

This 2nd day of MAY, 2018

Linda M Hopson
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-73297** APN: 139-33-511-011

Name of Property Owner: WMC Garage SPE, LLC

Name of Applicant: Same as Owner

Name of Representative: Kim Rieck

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

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City Official: _____

Partner(s): _____

APN: _____

Signature of Property Owner: 

Print Name: Kim Rieck

Subscribed and sworn before me

This 2nd day of MAY, 2018

Linda M Hopson
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-73297** APN: 139-33-511-012

Name of Property Owner: WMC Land SPE, LLC

Name of Applicant: Same as Owner

Name of Representative: Kim Rieck

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: Kim Rieck

Subscribed and sworn before me

This 2nd day of May, 2018

Linda M Hopson
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DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: New Exposition Center & showrooms World Market Center Las Vegas
 Project Address (Location) SW corner of Grand Central Parkway and Symphony Park Ave
 Project Name WMC Exposition Center Proposed Use Expo Center/Retail
 Assessor's Parcel #(s) 139-33-511-011; -012 & 139-33-610-022 Ward # 5
 General Plan: existing MXU proposed N/A Zoning: existing PD proposed N/A
 Commercial Square Footage 1,669,743 Floor Area Ratio 3.24
 Gross Acres 35.36 Lots/Units _____ Density _____
 Additional Information Gross acres includes parking parcels 139-33-511-004&139-27-410-005
Ph. IV = level 1 Expo, Ph. V = Showroom levels 4-8 and Ph. VI = Showroom levels 9-16

PROPERTY OWNER WMCV Phase 3 SPE, LLC Contact Kim Rieck
 Address 455 S. Grand Central Pkwy. Phone: (702) 599-3305 Fax: _____
 City Las Vegas State NV Zip 89106
 E-mail Address kriECK@imcenters.com

APPLICANT WMCV Phase 3 SPE, LLC Contact Kim Rieck
 Address 475 S. Grand Central Pkwy., Suite 1615 Phone: (702) 599-3305 Fax: _____
 City Las Vegas State NV Zip 89106
 E-mail Address kriECK@imcenters.com

REPRESENTATIVE EV&A Architects Contact Matt Burns
 Address 900 S. Pavilion Center Drive, Suite 180 Phone: (702) 946-8195 Fax: (702) 946-8196
 City Las Vegas State Nevada Zip 89144
 E-mail Address mburns@edvanceassociates.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* [Signature]

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

Print Name Kim Rieck

Subscribed and sworn before me

This 2nd day of MAY, 20 18

Linda M. Hopson

Notary Public in and for said County and State



LINDA M. HOPSON
 NOTARY PUBLIC
 STATE OF NEVADA
 My Commission Expires: 05-28-21
 Certificate No: 13-11066-1

Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SDR-73297**

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-73279
05/10/18



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

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PROPERTY OWNER WMCV Garage SPE, LLC Contact Kim Rieck
Address 445 S. Grand Central Pkwy. Phone: (702) 599-3305 Fax: _____
City Las Vegas State NV Zip 89106
E-mail Address kriECK@imcenters.com

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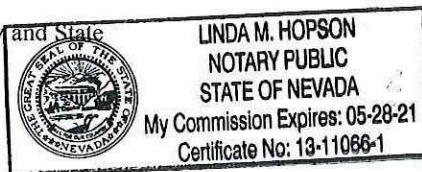
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