



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SDR-73004

Case Number: PRJ-72865 APN: 139-34-112-001 and 139-34-113-001

Name of Property Owner: 18 Fremont Street Acquisitions, LLC

Name of Applicant: 18 Fremont Street Acquisitions, LLC

Name of Representative: Todd Kessler

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

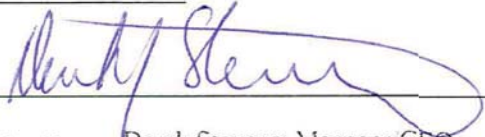
☒ No

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: 

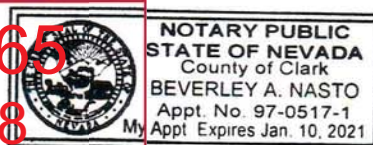
Print Name: Derek Stevens: Manager/CEO

Subscribed and sworn before me

This 20th day of March, 2018

Beverly A. Nasto
Notary Public in and for said County and State

PRJ-72865
03/22/18





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SDR, SUP (5)
Project Address (Location): SE corner Ogden & Main St AND SW corner Ogden & Main St
Project Name: Downtown Gaming Establishment Proposed Use: _____
Assessor's Parcel #(s): 139-34-112-001 and 139-34-113-001 Ward #: 5
General Plan: existing _____ proposed _____ Zoning: existing C-2 proposed C-2
Commercial Square Footage: _____ Floor Area Ratio: _____
Gross Acres: 4.84 Lots/Units: _____ Density: _____
Additional Information: _____

PROPERTY OWNER 18 Fremont Street Acquisitions, L Contact Susan Hitch
Address 1 Fremont Street Phone: 7027775912 Fax: 7026884875
City Las Vegas State NV Zip 89101
E-mail Address susan.hitch@goldengatecasino.com

APPLICANT same as above Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

REPRESENTATIVE Todd Kessler Contact _____
Address PO Box 1570 Phone: 7022952600 Fax: _____
City Las Vegas State NV Zip 89125
E-mail Address todd@rgglv.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]

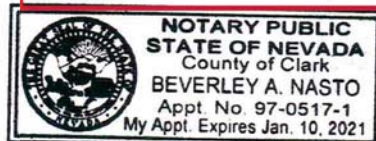
Print Name Derek Stevens; Manager/CEO

Subscribed and sworn before me

This 20th day of March 2018
Beverley A Nasto

Notary Public in and for said County and State

Revised 03/28/16



FOR DEPARTMENT USE ONLY

Case # **SDR-73004**

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-72865
03/22/18