



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-64874** APN: 162-08-502-002, 003, 006 thru 011,
162-08-505-004, 162-08-602-005

Name of Property Owner: N P Palace LLC

Name of Applicant: N P Palace LLC

Name of Representative: Strategic Solutions

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

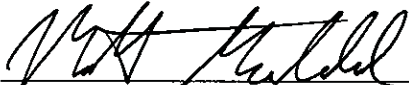
☒ No

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): _____

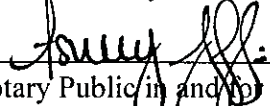
APN: _____

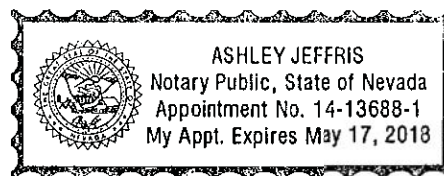
Signature of Property Owner: 

Print Name: Matthew L. Heinhold

Subscribed and sworn before me

This 26th day of May, 20 16


Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit - Hotel
 Project Address (Location) Sahara & Teddy
 Project Name Palace Station Remodel Proposed Use Casino/Hotel
 Assessor's Parcel #(s) 162-08-502-002, 003, 006 thru 011,
162-08-505-004, 162-08-602-005 Ward # 1
 General Plan: existing M,H,MX,SC proposed SC Zoning: existing R-4/C-1 proposed C-1
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 30.12+/- Lots/Units _____ Density _____
 Additional Information GPA & ZON only for portions of the project site

PROPERTY OWNER N P Palace LLC Contact Joe Haley
 Address 1505 S. Pavilion Center Dr. Phone: _____ Fax: _____
 City Las Vegas State NV Zip 89135
 E-mail Address jhaley@fertitta.com

APPLICANT N P Palace LLC Contact Joe Haley
 Address 1505 S. Pavilion Center Dr. Phone: _____ Fax: _____
 City Las Vegas State NV Zip 89135
 E-mail Address jhaley@fertitta.com

REPRESENTATIVE Strategic Solutions Contact Terry Murphy
 Address 516 S. 6th Street, Suite 100 Phone: (702) 889-2840 Fax: (702) 889-3215
 City Las Vegas State NV Zip 89101
 E-mail Address tmurphy@strategicsolutionsnv.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* Matthew L. Heinhold

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

Print Name Matthew L. Heinhold

Subscribed and sworn before me

This 26th day of May, 20 16.

Amy J. Jeffris

Notary Public in and for said County and State



Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SUP-64874**

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-64706
05/31/16