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: Mathew L. Heinrad

Subscribed and sworn before me

This 26th day of May, 2016

_____

Notary Public in and for said County and State

ASHLEY JEFFRIS
Notary Public, State of Nevada
Appointment No. 14-13688-1
My Appt. Expires May 17, 2018

PRJ-64706
05/31/16

Revised 03/28/16

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* _____

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

Print Name Mathew L. Helmold

Subscribed and sworn before me

This 26th day of May, 20 16.

_____

Notary Public in and for said County and State

ASHLEY JEFFRIS
Notary Public, State of Nevada
Appointment No. 14-13688-1
My Appt. Expires May 17, 2018

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