DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-74838 APN: 125-20802-003

Name of Property Owner: Isaiah 55:11 Series Micah 6;8 Investments, LLC

Name of Applicant: Isaiah 55:11 Series Micah 6:8 Investments, LLC

Name of Representative: Kaempfer Crowell -- Tony Celeste

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: Barbara G. Lawson

Print Name: Barbara Lawson

State of NV, County of Clark
Subscribed and sworn before me

This 18th day of October, 2018

N. HOVLAND
Notary Public-State of Nevada
APPT. NO. 17-1477-1
My Appt. Expires 02-28-2021

Notary Public in and for said County and State

Revised 03/28/16

PRJ-74772
10/22/18

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit and Waiver for Gaming

Project Address (Location) SWC Rome Blvd. and Riley Street

Project Name McFaddens Tavern **Proposed Use** Tavern

Assessor's Parcel #(s) 125-20-802-003 **Ward #** 6-Fiore

General Plan: existing TC **proposed** n/a **Zoning: existing** TC **proposed** n/a

Commercial Square Footage 3,347 **Floor Area Ratio**

Gross Acres 41.13+/- **Lots/Units** 1 **Density**

Additional Information See attached justification letter

PROPERTY OWNER Isaiah 55:11 Series Micah 6:8 Investments, LLC **Contact** n/a

Address 10420 Designata Avenue **Phone:** (000) 000-0000 **Fax:** (000) 000-0000

City Las Vegas **State** NV **Zip** 89135

E-mail Address n/a

APPLICANT Isaiah 55:11 Series Micah 6:8 Inv, LLC **Contact** n/a

Address 10420 Designata Avenue **Phone:** (000) 000-0000 **Fax:** (000) 000-0000

City Las Vegas **State** NV **Zip** 89135

E-mail Address n/a

REPRESENTATIVE Kaempfer Crowell **Contact** Tony Celeste

Address 1980 Festival Plaza Drive #650 **Phone:** (702) 792-7000 **Fax:** (702) 796-7181

City Las Vegas **State** NV **Zip** 89135

E-mail Address AJC@kcnvlaw.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* Barbara A Lawson

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

Print Name Barbara Lawson

State of NV, County of Clark

Subscribed and sworn before me

This 18th day of October, 20 18.

Notary Public in and for said County and State

N. HOVLAND
Notary Public-State of Nevada
APPT. NO. 17-1477-1
My Appt. Expires 02-28-2021

FOR DEPARTMENT USE ONLY

Case #	SUP-74838
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.

Revised 03/28/16

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PRJ-74772
10/22/18

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