



DEPARTMENT OF PLANNING

Application / Petition Form & Statement of Financial Interest

Department Use

Case #	
Meeting Date	
Total Fee	
Received By/Date	

Case Type (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc) _____

Project Address (Location) 270 S Martin Luther King Blvd, Las Vegas, Nevada 89106

Project Name Indigo Pharmaceutical

Proposed Use Light Manufacturing/Distribution

Assessor's Parcel #(s) _____

Ward # _____

General Plan: Existing _____

Proposed _____

Zoning: Existing XX T4-C

Proposed XX T4-M

Additional Information _____

Property Owner ICON PAC Nevada Pool 3 Nevada, LLC

Contact John V. Pharris

Address 602 W Office Center Dr., Suite 200

City Ft. Washington **State** PA **Zip** 19034

E-mail bpharris@linklogistics

Phone 949-344-2210

Applicant Indigo Pharmaceutical, LLC

Contact Dr. Riccardo Roscetti

Address 270 S Martin Luther King Blvd

City Las Vegas **State** NV **Zip** _____

E-mail riccardoroscetti@yahoo.com

Phone (561) 903-6259

Representative _____

Contact _____

Address _____

City _____ **State** _____ **Zip** _____

E-mail _____

Phone _____

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) _____

Partner(s) _____

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 the 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 John V. Pharris

Subscribed and sworn before me

This _____ day of _____ 20

see attached

Notary Public in and for said County and State

23-0438
08/28/2023

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on
this 22nd day of August, 2023, by
Date Month Year

(1) John V. Pharris

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature _____
Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

23-0438
08/28/2023