



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) Special Use Permit

Project Address (Location) 1 E Charleston Blvd., Suite 100

Project Name Craft Creamery **Proposed Use** _____

Assessor's Parcel #(s) 139-33-801-024 **Ward #** 3

General Plan: Existing INCORP Proposed INCORP **Zoning:** Existing C-2 Proposed C-2

Additional Information _____

Property Owner ARTS CORNER L L C **Contact** Rich Shuman
Address 1025 S. 1st Street, Suite 130 **City** Las Vegas **State** NV **Zip** 89104
E-mail Rich@thdnv.com **Phone** 702-809-3511

Applicant MVB LLC **Contact** Tony Martinez
Address 6240 MCLEOD RD, UNIT 120 **City** Las Vegas **State** NV **Zip** 89120
E-mail tmartinez@svzbottleshop.com **Phone** 702-830-0260

Representative Trinity Haven Development **Contact** Mark Mobley
Address 100 S Maryland Pkwy., Suite 210 **City** Las Vegas **State** NV **Zip** 89101
E-mail mobley.thd@gmail.com **Phone** 210-3646417

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 Trinity Schlottman/General Contractor **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.
- Application will not be deemed complete until the submitted materials have been reviewed by Department of Planning for consistency with the Zoning Ordinance.

Property Owner Signature _____
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

Print Name _____

Subscribed and sworn before me

This _____ day of _____, 20____

Notary Public in and for said County and State

23-0380
02/15/2024

SEE ATTACHED cp

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1_____
Signature of Document Signer No. 2 (if any)

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 Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 15 day of February, 2024,
by Date Month Year(1) JONATHAN KERMANI(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

Seal
Place Notary Seal Above

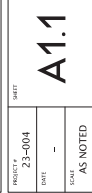
OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Application / Petition Form 2
statement of financial interest Document Date: Number of Pages: Signer(s) Other Than Named Above: **23-0380**
02/15/2024



23-0380
02/15/2024

[illegible]

- [illegible]

23-0380
02/15/2024