



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) Use Permit Alcohol Off-Premise full

Project Address (Location) Within Commercial sub-division at southeast corner of Smoke Ranch and North Rainbow

Project Name XO Rainbow **Proposed Use** _____

Assessor's Parcel #(s) 138-23-110-041 **Ward #** 5 - Crear

General Plan: Existing _____ Proposed _____ **Zoning:** Existing C-1 Proposed C-1

Additional Information _____

Property Owner Rainbow Commercial LLC **Contact** Mr. Shakib

Address 16461 Sherman Way #140 **City** Van Nuys **State** CA **Zip** 91406

E-mail fred@canyon-center.com **Phone** 818 385 1777

Applicant XO Liquor Rainbow LLC **Contact** Sammy Sharma

Address 2300 North Rainbow #114 **City** Las Vegas **State** NV **Zip** 89108

E-mail Sammyking432@gmail.com **Phone** (702) 481-7434

Representative Brown, Brown and Premsrirut **Contact** Lora Dreja

Address 520 South Fourth Street **City** Las Vegas **State** NV **Zip** 89101

E-mail Lora@Brownlawlv.com **Phone** (702) 598-1408

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.
- 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 _____

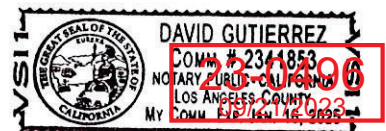
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

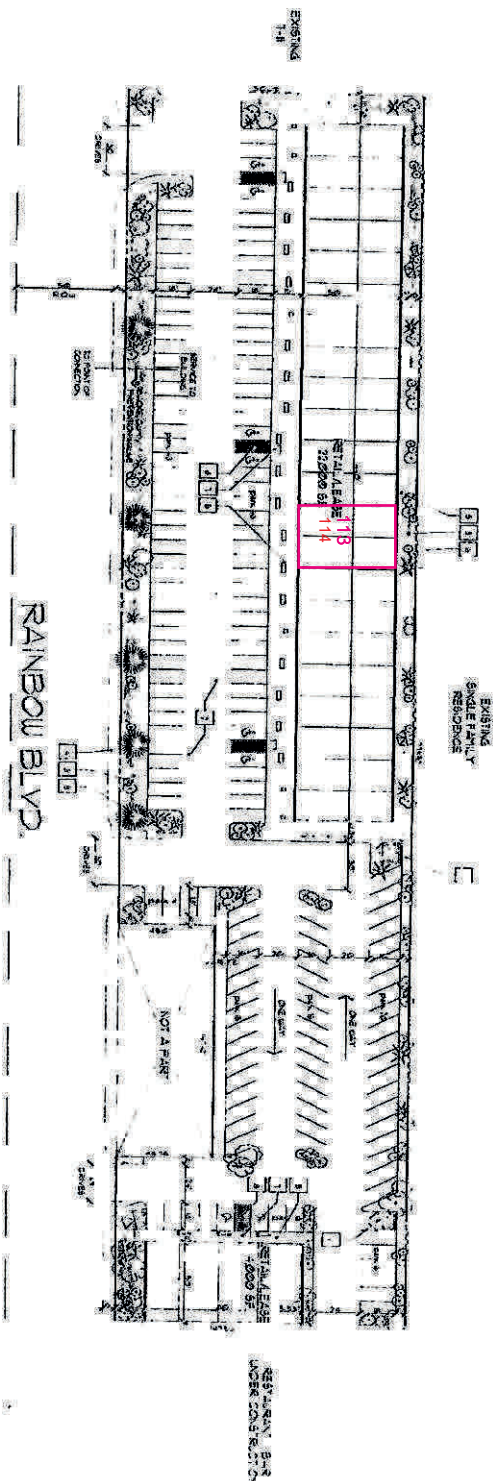
Print Name SAM Shakib

Subscribed and sworn before me

This 20 day of September, 2023

Notary Public in and for said County and State DAVID GUTIERREZ

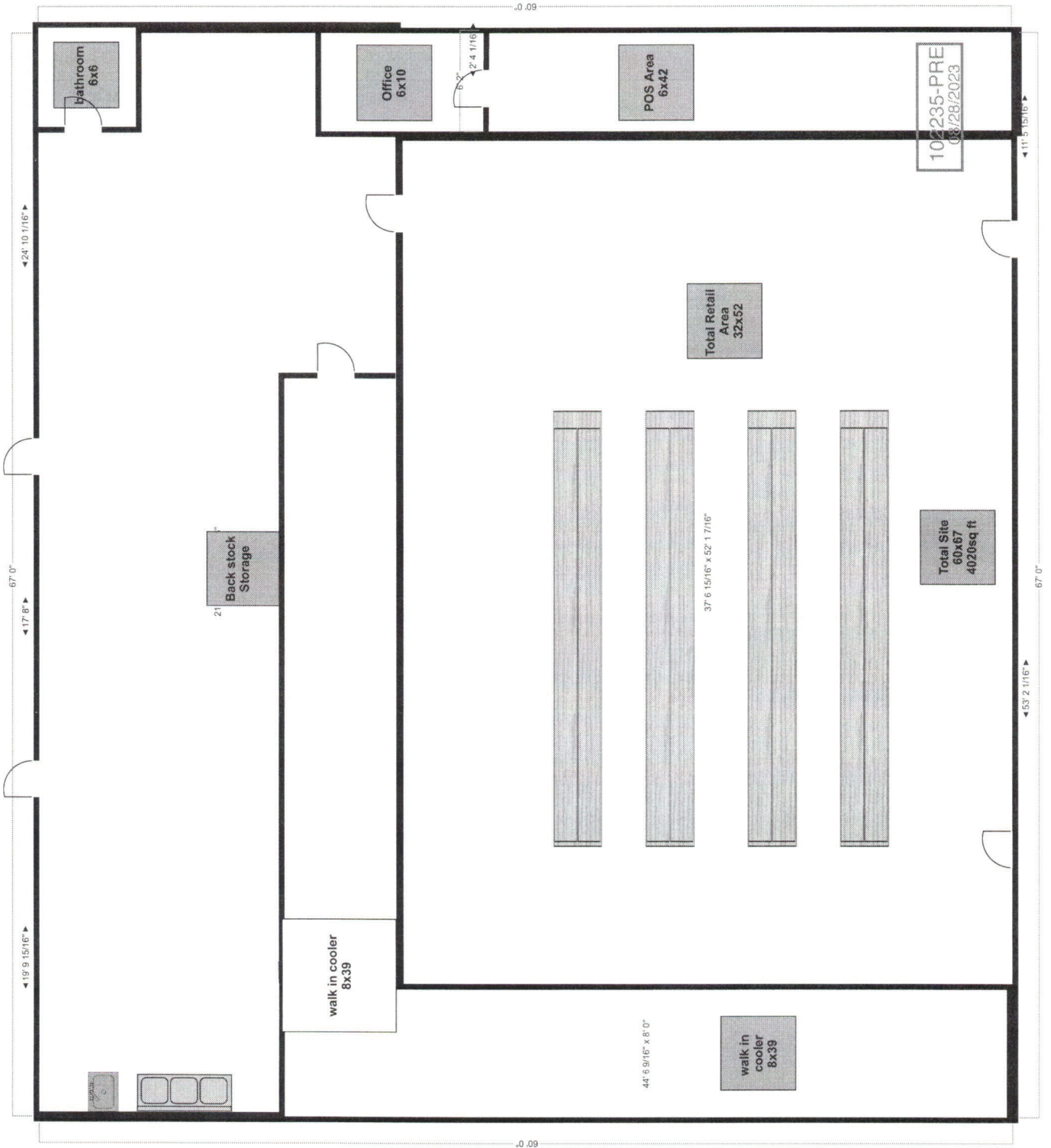


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PROVISIONS

23-0496

09/23/2023



23-0496
09/21/2023