



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) 1311-1315-1317-1319 S. Main Street, Las Vegas, NV 89104

Project Name Commerce Park Medical L.L.C. **Proposed Use** Cannabis consumption lounge

Assessor's Parcel #(s) 162-03-110-131 **Ward #** _____

General Plan: Existing _____ Proposed _____ **Zoning:** Existing _____ Proposed _____

Additional Information Cannabis consumption lounge - including outdoor consumption

Property Owner Alpine Building LLC **Contact** Theresa Abuan

Address 1000 N GREEN VALLEY PKWY STE 440-350 **City** Henderson **State** NV **Zip** 89074

E-mail admin@metroplexgroup.com **Phone** (702) 450 - 2343

Applicant Main Street Tenant LLC **Contact** Mitchell D. Britten

Address 1311-1315-1317-1319 S. Main Street, Las Vegas, NV 89104 **City** Las Vegas **State** NV **Zip** 89104

E-mail mitch@thrivenevada.com **Phone** (702) 482-4936

Representative Connor & Connor PLLC **Contact** Amanda N. Connor, Esq.

Address 2580 Anthem Village Drive **City** Henderson **State** NV **Zip** 89052

E-mail amanda@connorpllc.com **Phone** (702) 750-9139

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 [Signature]

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

Print Name TERESA ABUAN

Subscribed and sworn before me

This 6th day of MARCH, 20 24

Notary Public in and for said County and State

24-0284
07/18/2024

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 San Bernardino)
 On March 06, 2024 before me, Lorena Delgado (Notary public),
 Date Here Insert Name and Title of the Officer
 personally appeared Theresa Abuan
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature _____
 Signature of Notary Public

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 Document

Title or Type of Document: sppt / Petition For Document Date: 3/6/2024
 Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

24-0284
07/18/2024

MAIN STREET CONSUMPTION LOUNGE



UNITY HAVEN
DEVELOPMENT

24-0284 08/13/2024

[illegible]

[illegible][illegible]

PROJECT #	24-016	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> SPECTAGRAM G0.1 </div>
DATE	-	
SCALE	AS NOTED	





24-0284
08/19/2024

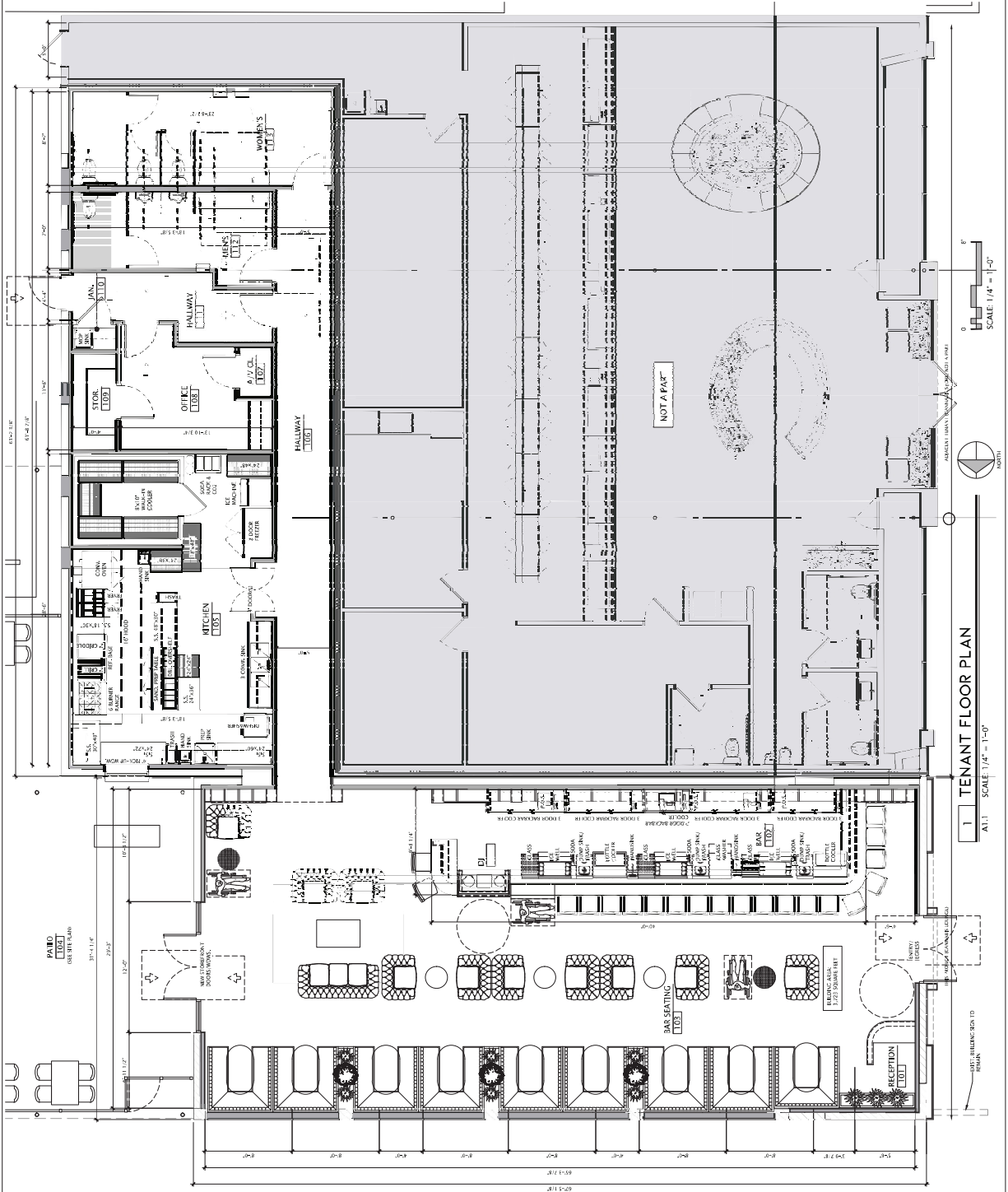
TRINITY HAVEN DEVELOPMENT
100 S. MERLAND PARKWAY SUITE 210
LAS VEGAS, NV 89101
202-204-8237
MULTI-JURISDICTIONAL
10/20/2023 - 10/20/2024

HIGHER ARCHY CANNABIS
LOUNGE
1311 S MAIN STREET
LAS VEGAS, NV 89104

NO.	REVISION / ROLE	DATE
1	SUP SUBMITTAL	07.14.24
2	REVISED	08.02.24
3		
4		
5		
6		
7		
8		
9		
10		

CONSUMPTION LOUNGE
PROPOSED FLOOR PLAN

PROJECT NO. 24-016
DATE -
SCALE AS NOTED



1 TENANT FLOOR PLAN
A1.1 SCALE 1/4" = 1'-0"

SCALE 1/4" = 1'-0"

