



# 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) 501 South Rancho Drive suite D24  
 Project Name Happy Face Massage LLC Proposed Use Massage establish  
 Assessor's Parcel #(s) 13932710024 Ward # 1  
 General Plan: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Zoning: Existing TS-MS Proposed \_\_\_\_\_  
 Additional Information \_\_\_\_\_

Property Owner Avail Fine LLC Contact \_\_\_\_\_  
 Address 7490 W. Sahara Ave. City Las Vegas State NV Zip 89117  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Kelly Thompson Contact \_\_\_\_\_  
 Address 9536 Knopfler Lane City Las Vegas State NV Zip 89148  
 E-mail Kelly@happyfacemassage.com Phone 702-595-8085

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.  
 \* Application will not be deemed complete until the submitted materials have been reviewed by Department of Planning for consistency with the Zoning Ordinance.

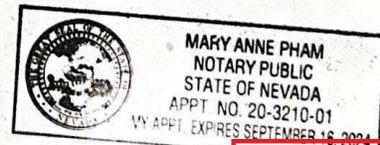
Property Owner Signature \_\_\_\_\_

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

Print Name Adam Lybbeck

Subscribed and sworn before me

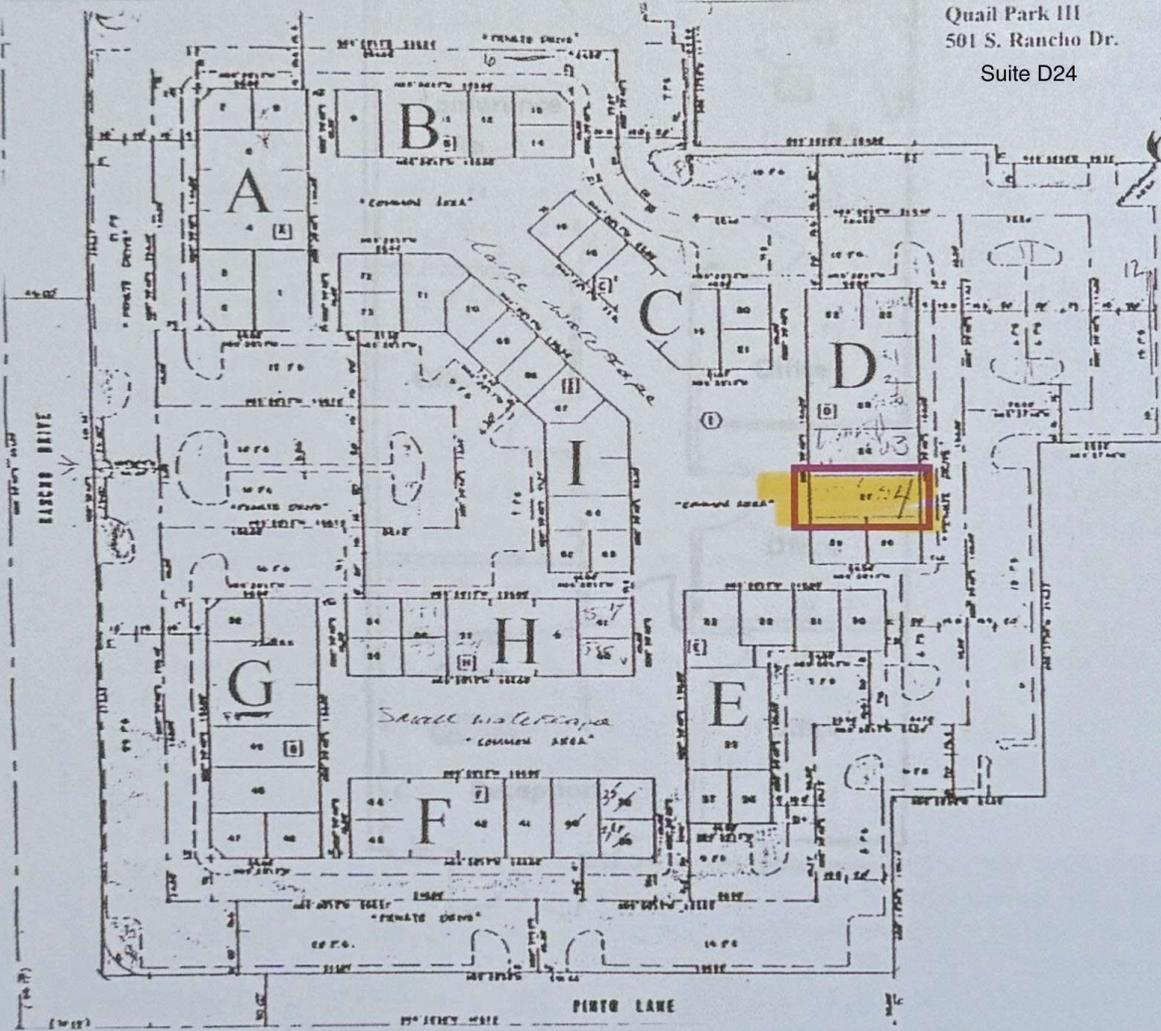
This 5<sup>th</sup> day of June, 2024



**24-0281**  
06/11/2024

# SITE PLAN

Quail Park III  
501 S. Rancho Dr.  
Suite D24



24-0281  
06/05/2024

# 501 S Rancho Drive Flooring Diagram

Suite D-24  
1,560 sf.



24-0281  
06/05/2024