



# 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) 8540 W Lake Mead Blvd #120 Las Vegas NV 89128  
 Project Name Tomoya Japanese Cuisine Proposed Use \_\_\_\_\_  
 Assessor's Parcel #(s) 13820521008 Ward # 4-FRANCIS ALLEN  
 General Plan: Existing ☒ Proposed \_\_\_\_\_ Zoning: Existing ☒ Proposed \_\_\_\_\_  
 Additional Information \_\_\_\_\_

Property Owner SOUTH SHORES LLC Contact Andrew 310-246-2447 x106  
 Address 6338 Wilshire Blvd City Los Angeles State CA Zip 90048  
 E-mail Andrew@cj-park.com Phone \_\_\_\_\_

Applicant Ellen Park Contact Ellen 702-430-3629  
 Address 8540 W Lake Mead Blvd #120 City Las Vegas State NV Zip 89148  
 E-mail TOMOYA.lasvegas@gmail.com Phone \_\_\_\_\_

Representative Mun, Yeji Mun & Associates Contact Yeji Mun  
 Address 8350 W Sahara Ave #160 City Las Vegas State NV Zip 89117  
 E-mail MUNCPA@MUNCPAUS.COM Phone 702-790-1468

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 KAMRAN FARHADI

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for said County and State

25-0035  
01/21/2025

CALIFORNIA ALL-PURPOSE CERTIFICATE OF  
**ACKNOWLEDGMENT**

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 }

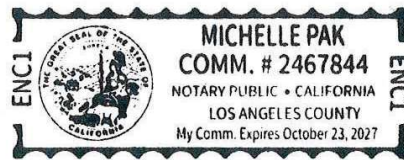
On JANUARY 17, 2025 before me, MICHELLE PAK, NOTARY PUBLIC,  
(insert name and title of the officer)

personally appeared KAMRAN FARHADI,  
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.

  
Notary Public Signature



(Seal)

OPTIONAL INFORMATION

DOCUMENT

DEPARTMENT OF PLANNING APPLICATION  
(name or type of document)

1  
(number of pages)

                      
(document date)

SIGNER CAPACITY

PROPERTY OWNER  
(capacity claimed by the signer)

NOTICE

THE NOTARY PUBLIC DOES NOT  
CERTIFY THE AUTHORITY OR  
CAPACITY OF THE SIGNER

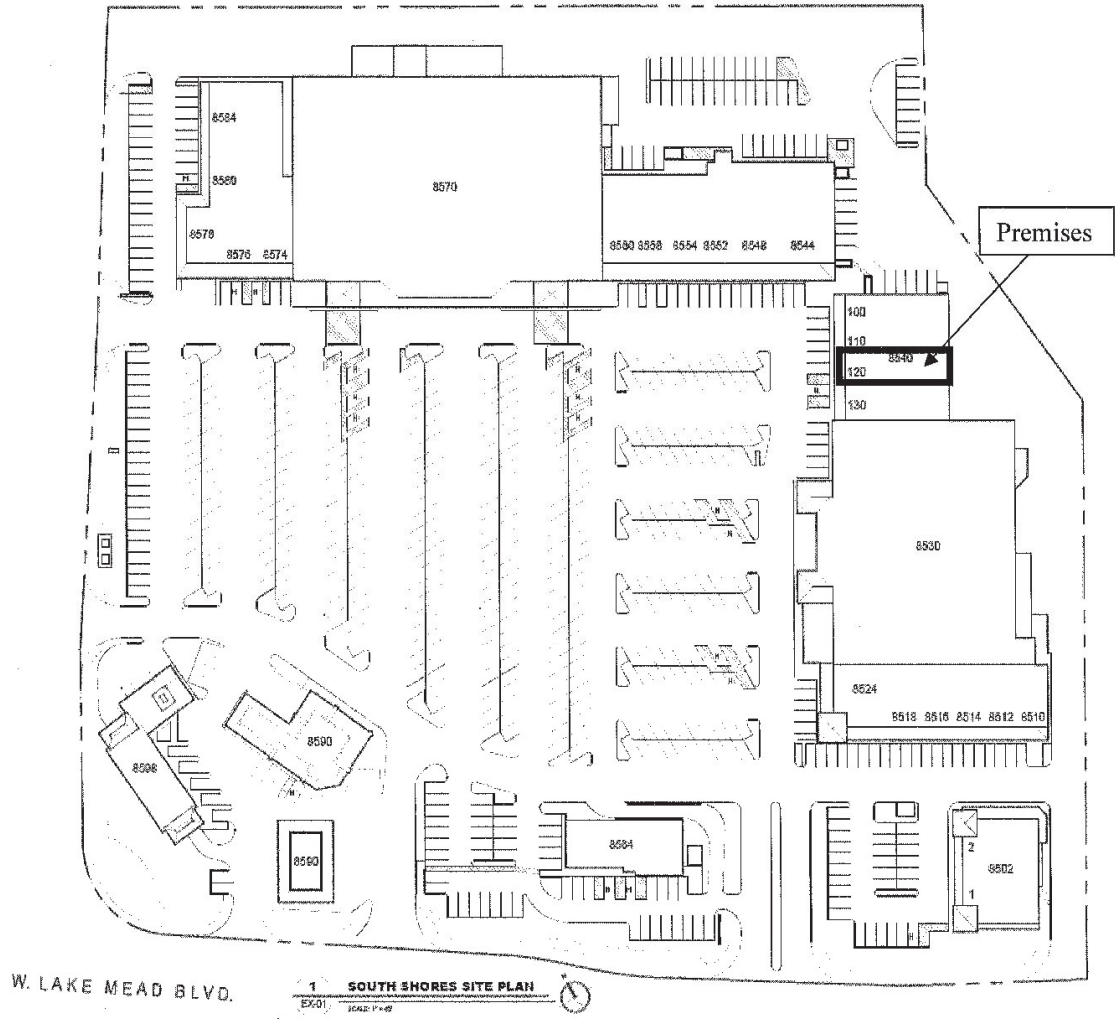
25-0035  
2025



EXHIBIT "E"

SITE PLAN

SITE PLAN FOR:  
**THE SOUTH SHORES SHOPPING CENTER**  
8502, 8510, 8530, 8544, 8564, 8570, 8574, 8590 WEST LAKE MEAD BOULEVARD  
LAS VEGAS, NEVADA 89128



Landlord Initials

*AP*

25-0035  
01/21/2025



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**TOMOYA**  
**JAPANESE**  
**CUISINE**  
8540 W LAKE MEAD BLVD ST120  
LAS VEGAS NV. 89128  
APN. 13820521008

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