

# DEPARTMENT OF COMMUNITY DEVELOPMENT

## Application/Petition Form & Statement of Financial Interest



Case Type (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc) special use permit

Project Address (Location) 1410 S. Main St. Las Vegas NV 89104

Project Name Dark Sister Proposed Use full alcohol

Assessor's Parcel #(s) 162-03-210-020 Ward # 3

General Plan: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Zoning: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Additional Information \_\_\_\_\_

Property Owner Sung il Na Contact \_\_\_\_\_

Address 6991 S. Netherland way City Aurora State CO Zip 80016

E-mail sandranaz65@gmail.com Phone 720-339-6829

Applicant Natalie Byler Contact \_\_\_\_\_

Address 1032 Howard dr. City Las Vegas State NV Zip 89104

E-mail Darkister14@gmail.com Phone 702-417-8397

Representative same as above 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 \_\_\_\_\_

Subscribed and sworn before me

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

Notary Public in and for said County and State

24-0412  
08/07/2024

[illegible]

24-0412 08/07/2024

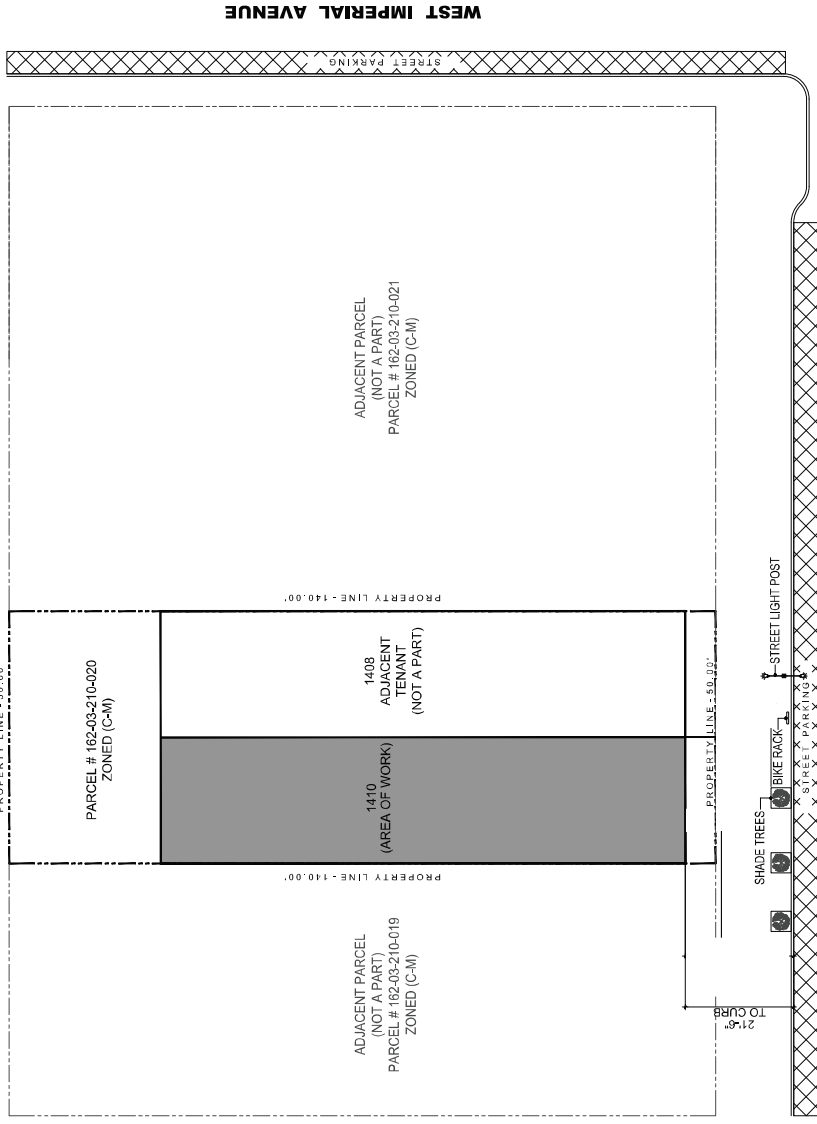
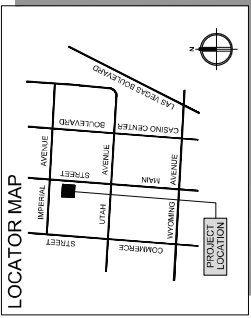
**ALLEY WAY**

PARCEL # 162-03-210-020  
ZONED (C-M)

ADJACENT PARCEL  
(NOT A PART)  
PARCEL # 162-03-210-019  
ZONED (C-M)

1408  
ADJACENT  
TENANT  
(NOT A PART)

STREET PARKING



## 1 REFERENCE SITE PLAN

SCALE: 3/32" = 1'-0"



