



# 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) 810 E Sahara Ave, Suite 4, Las Vegas, NV 89104

**Project Name** Las Vegas Tattoo Collective, LLC **Proposed Use** \_\_\_\_\_

**Assessor's Parcel #(s)** 16203801089 **Ward #** 3-Olivia Diaz

**General Plan:** Existing TOC-2 Proposed \_\_\_\_\_ **Zoning:** Existing C-1 Proposed \_\_\_\_\_

**Additional Information** Applicant is proposing to open a tattoo establishment. Tattoo Parlor requires a Special Use Permit in C-1.

**Property Owner** R & M Investments 1, LLC **Contact** Roi Zalach  
**Address** 376 W Sahara Ave **City** Las Vegas **State** NV **Zip** 89102  
**E-mail** Star4000@gmail.com **Phone** 702-445-4777

**Applicant** Dominic Velasquez **Contact** Dominic Velasquez  
**Address** 3949 Vulcan Street **City** Las Vegas **State** NV **Zip** 89122  
**E-mail** LVTattooCollectiveLLC@gmail.com **Phone** 702-776-1865

**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.

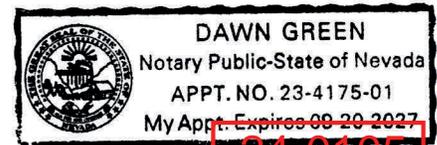
**City Official** \_\_\_\_\_ **Partner(s)** \_\_\_\_\_  
**Partner(s)** \_\_\_\_\_

- 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.

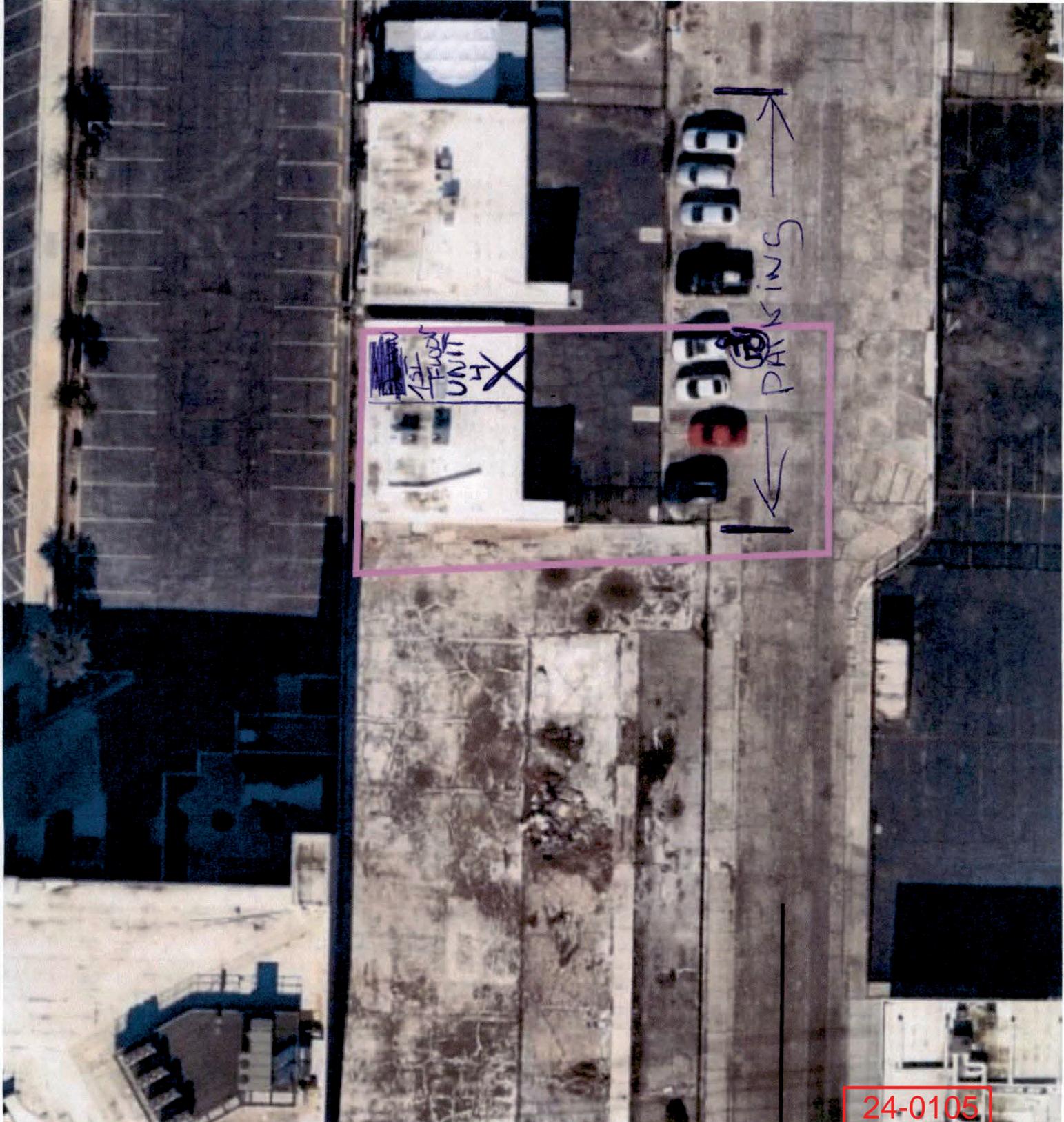
**Property Owner Signature** \_\_\_\_\_  
 An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

**Print Name** Roi Zalach

Subscribed and sworn before me  
 This February day of 28, 20 24  
Dawn Green  
 Notary Public in and for said County and State



**24-0105**  
**03/13/2024**



X IN UNIT  
PARKING

24-0105  
03/13/2024

Sahara Ave



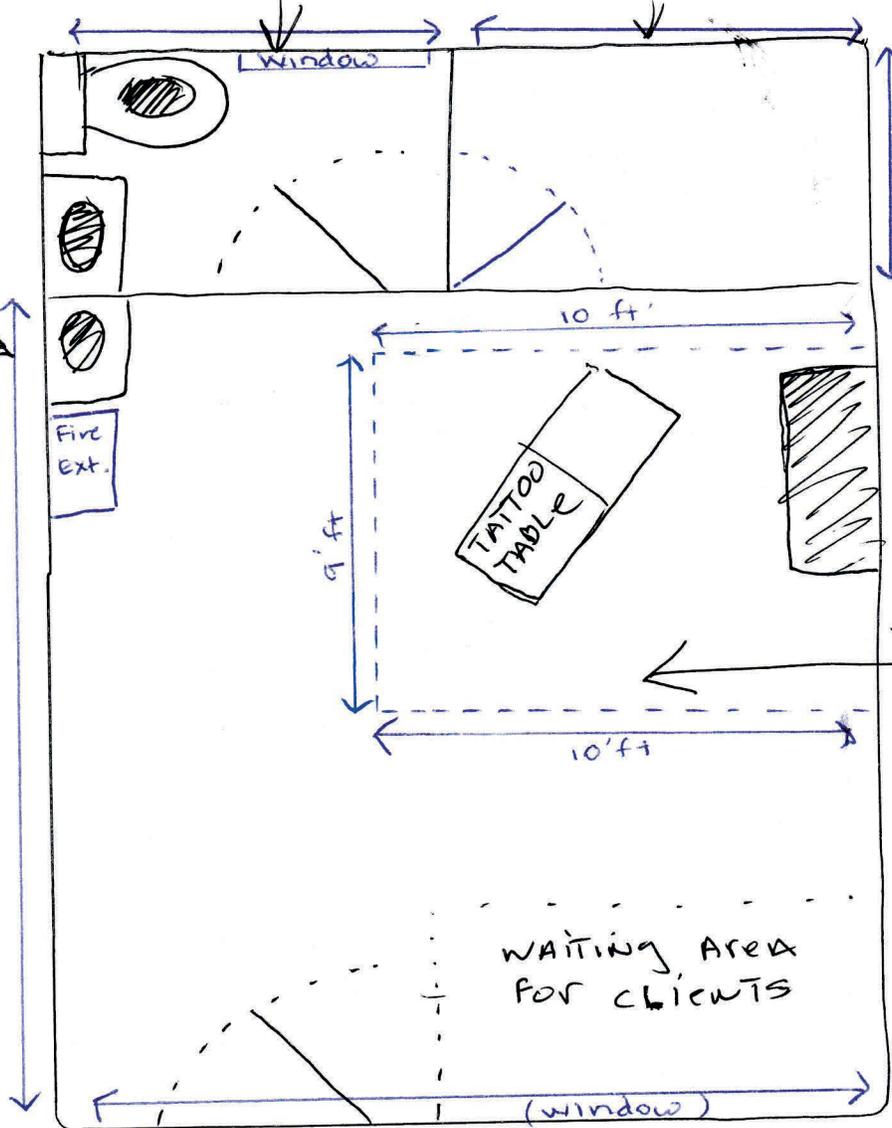
BLD 810  
UNIT 4

700 sq. feet

BATH ROOM

CLOSET

ARTIST  
SINK



FRONT DOOR  
Entrance/Exit

24-0105  
03/13/2024