



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 _____

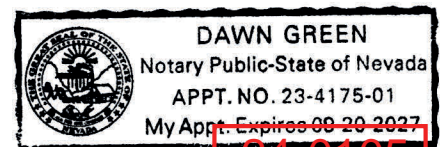
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

Print Name Roi Zalach

Subscribed and sworn before me

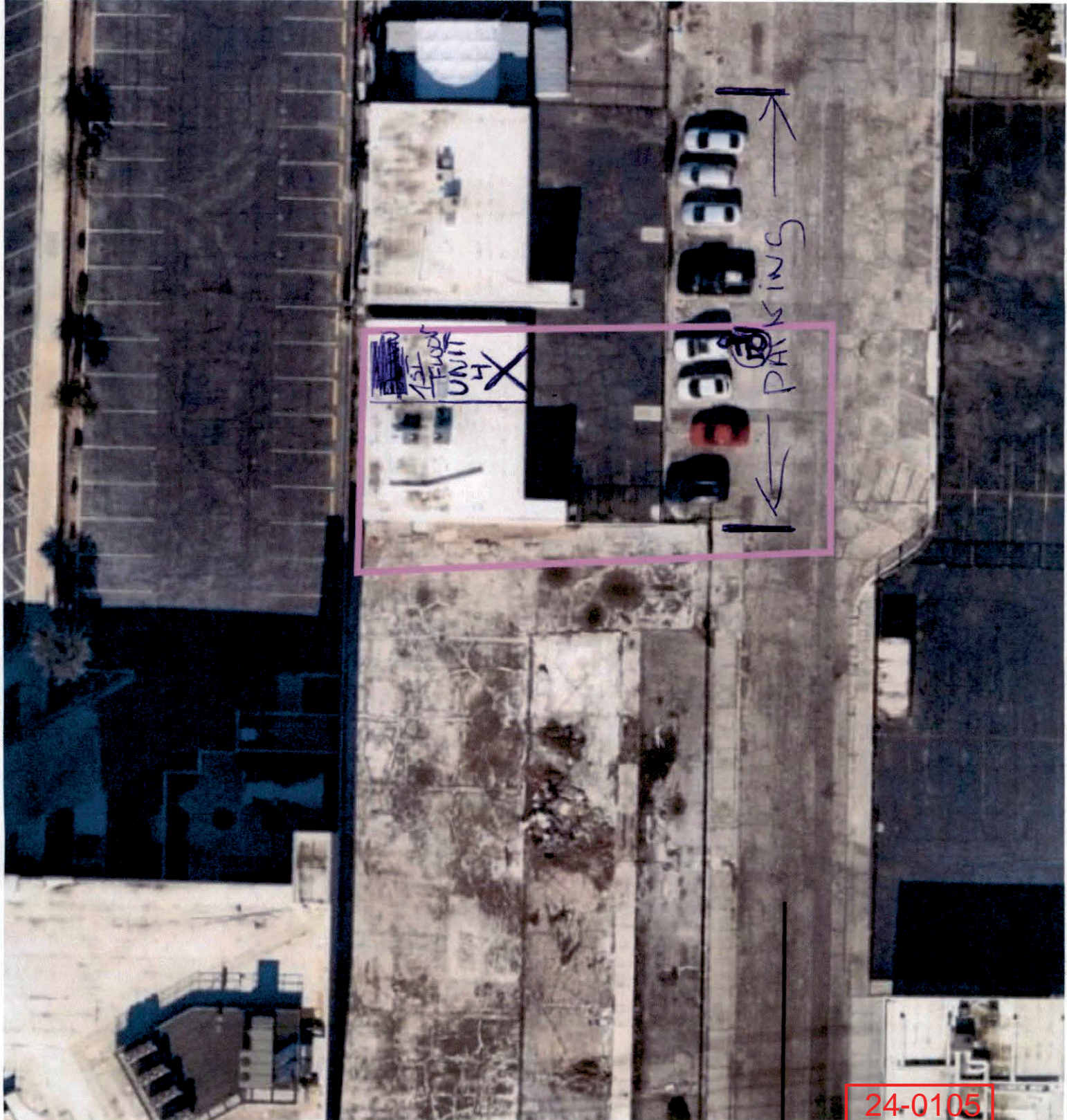
This February day of 28, 20 24

Dawn Green
Notary Public in and for said County and State



[Signature]

24-0105
03/13/2024



24-0105
03/13/2024

Sahara Ave



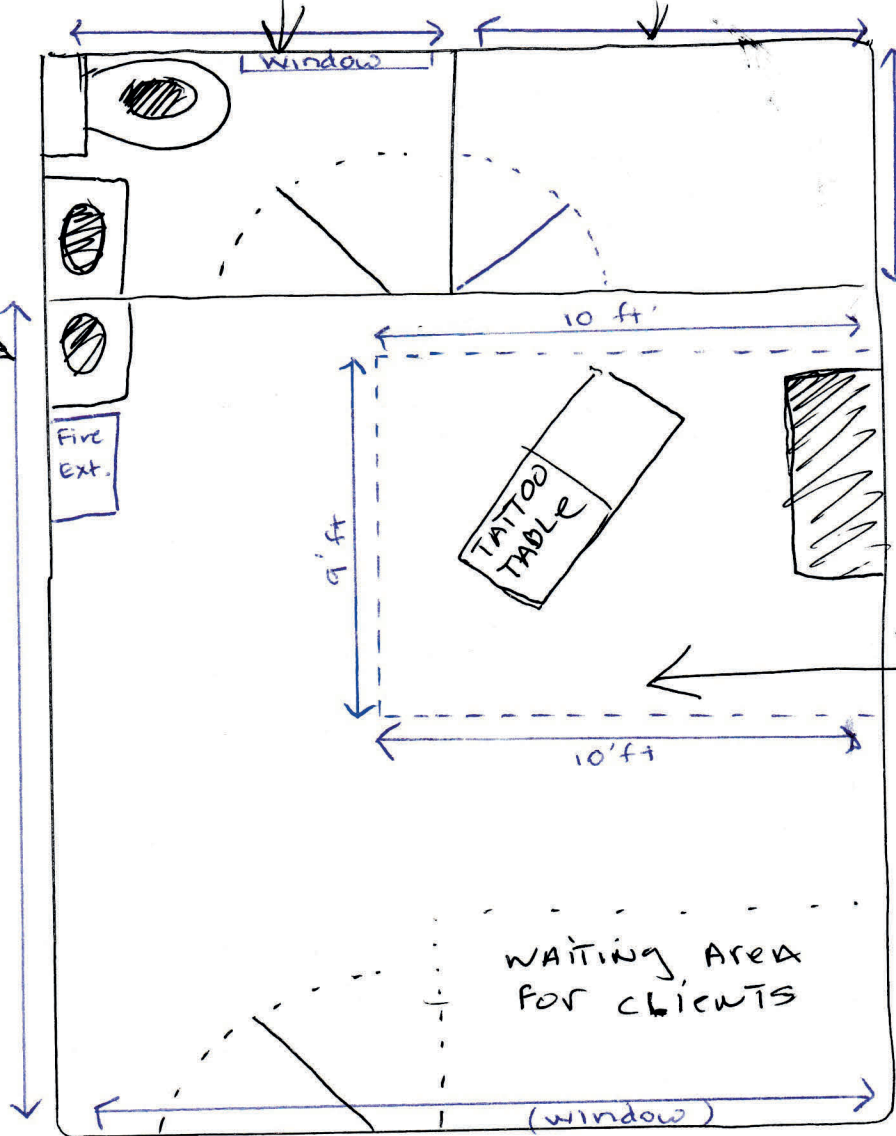
BLD 810
UNIT 4

700 sq. feet

BATHROOM

CLOSET

ARTIST
SINK



TATTOO
Area

Waiting Area
for clients

Front Door
Entrance/Exit

24-0105
03/13/2024