



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 on selling full alcohol (including liquor)

Project Address (Location) 921 W OWENS, SUITE 110

Project Name MAMALONA NIGHT CLUB - Full alcohol **Proposed Use** NIGHT CLUB

Assessor's Parcel #(s) 139-28-517-001 **Ward #** 5 - Cedric R. Crear

General Plan: Existing _____ Proposed _____ **Zoning:** Existing T-4 Proposed T-4

Additional Information The application is for an Alcohol, On-Premise full use at 921 West Owens, Suite 110.

Property Owner DEVARIM 18 L L C and UNITED CAPITAL INVESTMENTS L L C **Contact** _____

Address 1300 W OLYMPIC BLVD # 500 **City** LOS ANGELES **State** CA **Zip** 90015

E-mail _____ **Phone** _____

Applicant RAY KOROGHLI **Contact** _____

Address 3055 VIA SARAFINA DR **City** HENDERSON **State** NV **Zip** 89128

E-mail _____ **Phone** _____

Representative EDGAR MONTALVO **Contact** _____

Address 2209 TOSCA ST . 8-101 **City** LAS VEGAS **State** NV **Zip** 89128

E-mail comments@xpconsult.net **Phone** 702-479-8664

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 RAY KOROGHLI MANAGER.

Subscribed and sworn before me

This 4 day of June, 2024

[Signature]

Notary Public in and for said County and State Nevada / Clark



