



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) 300 S. BRUCE ST. LAS VEGAS, NV, 89101

Project Name RAJAT MINI MART AND CIGARETTES Proposed Use BEER/WINE OFF SALE

Assessor's Parcel #(s) 139354113112 Ward # 3

General Plan: Existing SC Proposed SC Zoning: Existing C-1 Proposed ---

Additional Information BUSINESS IS EXISTING RETAIL STORE WITH TOBACCO
LICENSE AND RE-SALE PERMIT

Property Owner NICOLAS P. DIPIETRO Contact ---

Address 1800 PENINSULA PLACE City COSTA MESA State CA Zip 92627

E-mail NICKDORO@ATT.NET Phone 949-467-9386

Applicant BALDEV KRISHAN KUMRA Contact 702-332-9418

Address 5970 CLOVER CANYON LN City LAS VEGAS State NV Zip 89142

E-mail --- Phone ---

Representative RAHUL SODHI Contact ---

Address 4485 S. BUFFALO DR City LAS VEGAS State NV Zip 89147

E-mail RAHUL@KAIZEN NV.COM Phone 702-820-6723

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 RAHUL SODHI

Subscribed and sworn before me

This --- day of ---, 20 ---

Notary Public in and for said County and State

50 Lewis Ave

13935499004

13935499006

S Bruce St

64.5

49.41

13935413113

120

13935413112

105.04

14

13

64.41

13935899042

13935499035

20

64.5

39.91

13935413169

307.22

20-0201
09/16/2020

