



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) 4911 W Vegas Dr, Las Vegas, NV 89108

Project Name Karinas Tacos

Proposed Use Food Truck

Assessor's Parcel #(s) 138-25-503-001

Ward # 5

General Plan: Existing _____ Proposed _____ Zoning: Existing _____ Proposed _____

Additional Information _____

Property Owner Jacks Vegas Dr., LLC

Contact David R Jacks

Address 6211 Skyblush Ave

City Las Vegas State NV Zip 89131

E-mail jacks.david@hotmail.com

Phone 702 526 3421

Applicant Juan Herrera

Contact Juan Herrera

Address 2400 E Webb Ave

City N Las Vegas State NV Zip 89030

E-mail kari64555@gmail.com

Phone 702-505-7931

Representative Juan Herrera

Contact Juan Herrera

Address 2400 E Webb Ave

City N Las Vegas State NV Zip 89030

E-mail kari64555@gmail.com

Phone 702-505-7931

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 David R Jacks

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

Print Name DAVID R JACKS Manager, Jacks Vegas Dr. LLC

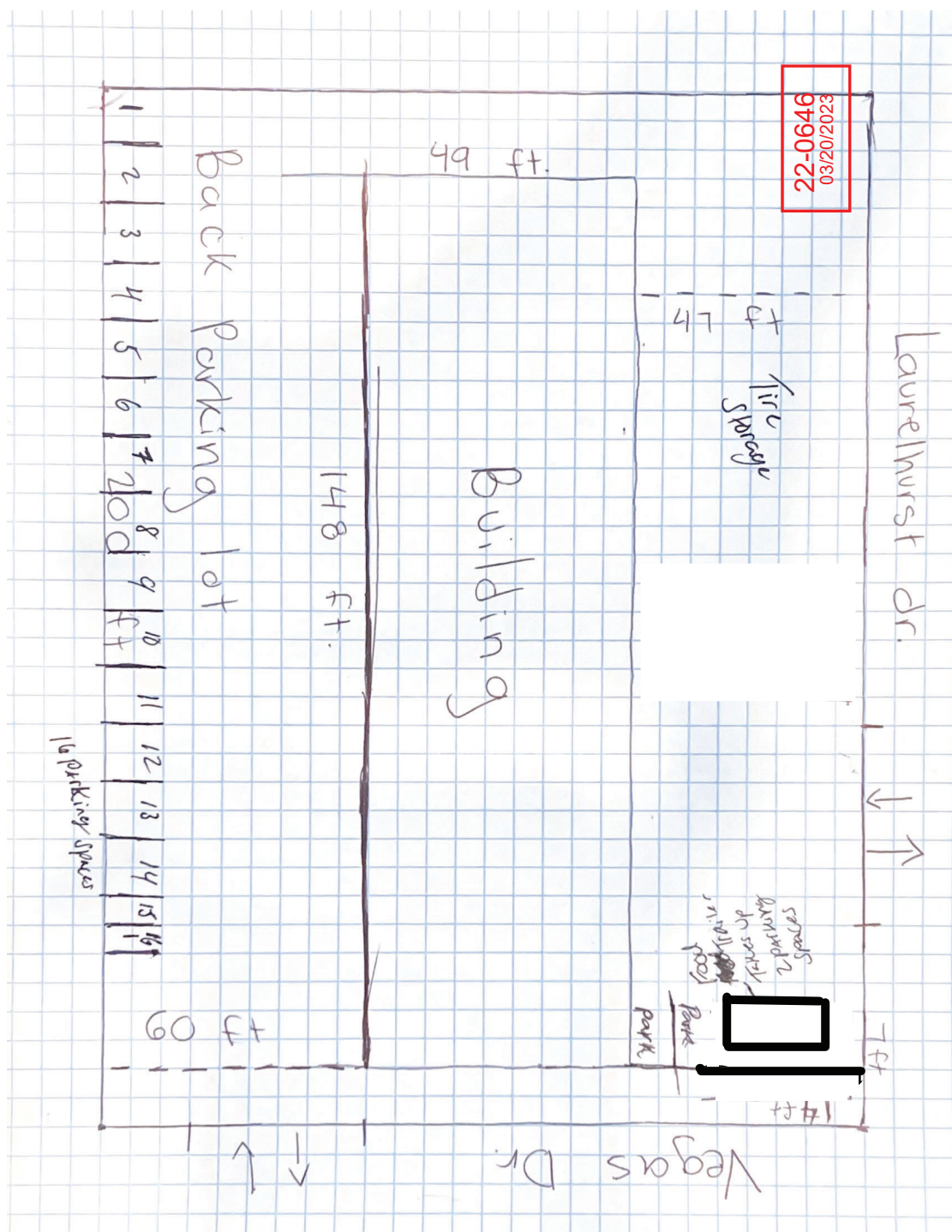
Subscribed and sworn before me

This 09 day of DEC., 20 23.

Notary Public in and for said County and State

22-0646
02/14/2023





22-0646
02/11/2023



INSCRIPCIONES PARA CUBRIR DE CALMA
MEDICARE - OMAHA KANSAS



22-0646
02/14/2023