



# 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

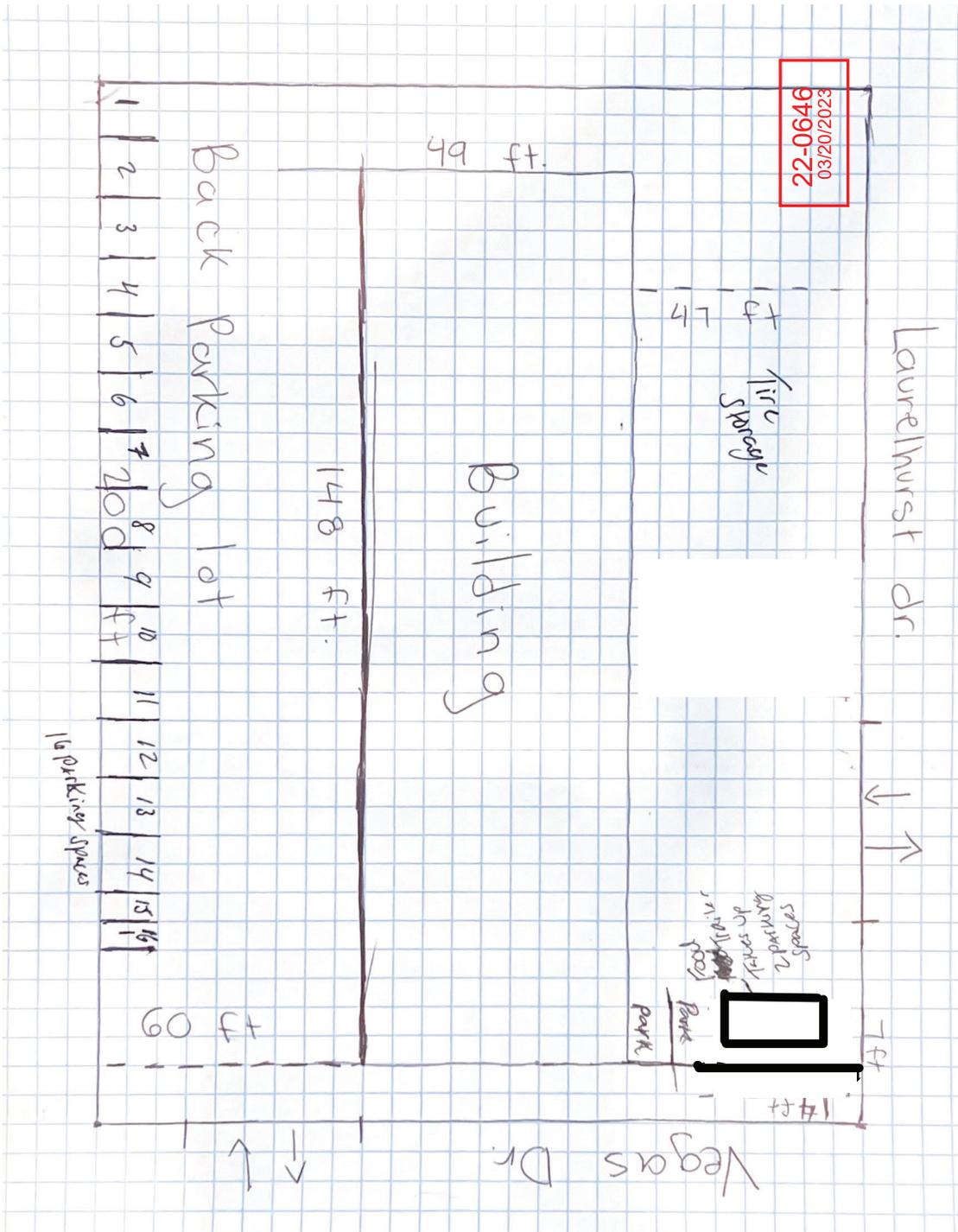
Subscribed and sworn before me This 09 day of DEC., 20 23.

Notary Public in and for said County and State

**22-0646**  
02/14/2023



22-0646  
03/20/2023



22-0646  
02/11/2023



22-0646  
02/14/2023



**CAUTION**  
DO NOT REMOVE THIS LABEL  
OR THE LABEL ON THE  
FRONT OF THE UNIT.  
IF YOU REMOVE THE LABEL,  
THE UNIT WILL NOT BE  
WARRANTED.  
MAXIMUM CAPACITY:  
10,000 BTU/H



22-0646  
02/14/2023

