



**SIGNATURES** of adjoining or neighboring property owners in support of the request; not required but helpful, especially for projects in single-family residential areas. (Attach sheet, if necessary)

NAME (Print)	SIGNATURE	ADDRESS	KEY # ON MAP

**4. OWNER/APPLICANT INFORMATION**

Applicant's Name GHADA RICH A Company DESERT ROSE BAR & LOUNGE, INC.  
 Address: 1700 HILLHURST - 444 Prospect Telephone: (323) 251-5652 Fax: (323) 661-8992  
 Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Owner's Name (if different than applicant) WILLIAM and Aida KALOOSTIAN  
 Address: 2242 Chesmic Lane Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Los Angeles CA Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

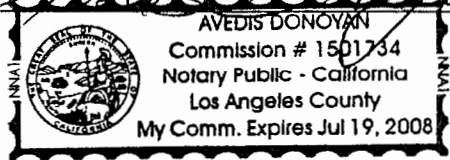
Contact Person for project Information \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. APPLICANT'S AFFIDAVIT**

Under penalty of perjury the following declarations are made:

- a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of a corporation (submit proof). (NOTE: for zone changes lessee may not sign).
- b. The information presented is true and correct to the best of my knowledge.

Signature: *William Kaloustian* Subscribed and sworn before me this (date): 8/1/07  
 Print: WILLIAM KALOOSTIAN AIDA KALOOSTIAN In the County of Los Angeles State of California  
 Date: 8/1/07 Notary Public: *Avedis Donovan*  
 Stamp: \_\_\_\_\_



**7. ADDITIONAL INFORMATION/FINDINGS**

In order for the City to render a determination on your application, additional information may be required. Consult the appropriate "Special Instructions" handout. Provide on attached sheet(s) this additional information using the hand-out as a guide.

NOTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your project. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff for details or an application.

*Planning Staff Use Only*

Base Fee	Reviewed and Accepted by	Date
Receipt No.	Deemed Complete by	Date